

STATES OF GUERNSEY
BOARD OF HEALTH



The Annual Report of the
Community Health Department
for 1986 incorporating the

88th ANNUAL REPORT
of the
MEDICAL
OFFICER OF
HEALTH

REPORT FOR
THE YEAR 1986

Annual Report of the Community Health Department,
incorporating the REPORT OF THE MEDICAL OFFICER OF HEALTH
for 1986.

Lukis House,
Grange,
St Peter Port,
Guernsey.

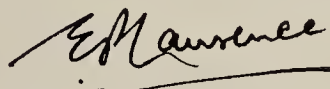
2nd September 1987

Sir,

I have the honour to present to you the Annual Report of
the Community Health Department, incorporating the report
of the Medical Officer of Health for 1986.

I have the honour to be, Sir

Your obedient servant.



E.P. Lawrence, M.A., M.B., B.Ch.,
F.F.C.M., D.P.H., D.T.M & H.

Consultant Community Physician/
Medical Officer of Health

The President,
Board of Health,
Guernsey.

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M E M B E R S O F T H E B O A R D O F H E A L T H

Counseiller J.R.R. Henry, President

Deputy Rev. A.W. Ingrouille, Vice President

Deputy Mrs. B.E. Nicolle

Deputy R.E. Dorey

Deputy P. Roffey

Deputy Mrs. S. Plant

Jurat G.L. Le Page (to 30th September 1986)

Mr. G.F. Birch (from 1st October 1986)

Dr. S. Heyworth, M.B.,B.S.,D.Obst.,R.C.O.G.

Dr. F. Degnen, M.R.C.P.

INTRODUCTORY LETTER TO THE BOARD OF HEALTH

Mr. President, Ladies and Gentlemen,

Team work is important. This year, the Medical Officer of Health's annual report has been restyled as the report of the Community Health Department to emphasise that the M.O.H. is but one part of a service provided by a team. The objectives of this team are the recording and measurement of the state of the Island's health, the prevention of illness and the provision of supporting services in the community.

The prevention of illness through education and persuasion continues to be unnecessarily arduous through the lack of a trained leader - a Health Promotion Officer. Yet another year has passed without this vital post being filled. The intense pressure on housing, and the resulting severe shortage of Housing Licences for essential workers, combined with rocketing house prices, are a major difficulty. To this must be added the perennial problem of convincing States members and the public that prevention is both practical and effective. A recent leader in the Press expresses public disbelief in this approach: "Whoever is appointed as Health Promotion Officer has, at best, a thankless task, at worst a fruitless one. The odds on success are about the same as on King Canute turning back the tide". Such a gloomy prognosis cannot be refuted if we do not even try to set up an effective preventive service.

There is a lack of public confidence that necessary and difficult changes in personal habits will really prolong life and fitness. Politicians will not back prevention without public pressure and support.

The results of the 1986 census show that the actual population is in excess of previous estimates by some 2000 persons. This has sounded alarm bells, with pressure to introduce some form of immigration control. However, the census has simply quantified what has already happened in Guernsey; services are just about coping with the existing population's needs, but cannot be expected to adapt readily to an increasing load. One exception where population pressure is already causing health problems is the shortage of housing: table 6:5 on page 51 shows how far the provision of housing is falling behind the need.

In addition, and as already mentioned, a further consequence of this and a side effect of affluence, is the great difficulty newly recruited staff have in finding suitable housing. The rising demand for health care of a high standard and specialised nature inevitably means that professional expertise has to be recruited from outside the Island: there are simply not enough Islanders with the necessary training and qualifications to provide the service required. The statement in last year's annual report, that "the quality of health care in Guernsey may depend on Housing Licence policy" is even more true today.

Advances in treatment and its increasing technical complexity, with rising public expectation, inevitably means that the cost of health care increases more rapidly than the cost of living. There is a real danger that concentration on meeting costs and cost reduction will continue to take up so much administrative time and energy that radical ideas will not surface. Short term, conventional answers will continue to be the order of the day, to achieve the objective of quicker treatment of greater numbers of the sick. However, this represents a failure to keep the population healthy. There is a parallel in the world of the motor car: the public want quick repairs and routine servicing for their cars, rather than believing that better driving habits may prolong the life of the vehicle.

Guernsey's problems are all too similar to those across the water, of how to square exponentially increasing demand with necessarily limited resources. Politicians refuse to articulate in public what they know in private about the profound limitations of what can be afforded by either a taxation or an insurance based health service. It is essential that Guernsey learns from the mistakes of others, in reconciling resources with demand. It is better to turn off the tap rather than fit a bigger waste pipe to an overflowing bath.

In July the States Advisory and Finance Committee recruited the help of a firm of management consultants (Peat, Marwick, McLintock) to investigate and advise how best the Island should finance its health care services: it is to be hoped that after they have submitted their report, interest will shift from the plug hole to the tap.

If prevention is to work, it needs staff and resources but, above all, commitment to its philosophy. We are short of all three at present.

Despite these strictures, there has been some progress. Doctors and nurses are working together as primary care teams, rather than as separate services. This concept has been accepted, but its development needs time and training. At long last the inter Island Community Nurse training curriculum has been approved and is ready to start. The Island's terminal care service is now well established and much appreciated in its role of preventing unnecessary suffering during the course of fatal diseases.

Acceptance of immunisation against infectious diseases is at a high level and is improving - but could still be improved in order to protect all children against measles and whooping cough. The health screening of children continues to be comprehensive and effective.

The recognition of AIDS as a major world wide public health problem has been a fresh challenge to show that prevention can work. The fact that there are three individuals in the Island who are "antibody positive" (carriers of the Human Immunodeficiency Virus) shows that Guernsey cannot avoid facing up to this latest of man's afflictions. It is a local as well as a universal problem and it will not go away. Practical measures such as screening all blood donations to prevent infection, (since December 1985), preparing guidelines for hospital and community care of infected individuals, and mounting a comprehensive health education programme are all underway. The Board of Health has set up an AIDS Working Party, under the chairmanship of the Consultant Community Physician to co-ordinate these activities.

It should not be forgotten that AIDS is but one of many sexually transmitted diseases. The Board of Health provides a free service at the Hospital Lane Special Treatment Clinic, staffed by the States' Venereologists. Dr. Strickland's retirement in December marked the end of an era in this field. He and Dr. Cambridge have between them given 88 years of service to the Island's Venereology department - a signal example of continuity of service. Their replacements have taken over this work at a time when this firm foundation will pay dividends in enabling the clinics to cope with the problems of the latest of a long line of sexually transmitted diseases - AIDS.

In the autumn there was an outbreak of salmonella food poisoning due to contaminated confectionery filling. The popularity of such food ensured wide distribution of the salmonella: in all, 123 individuals were infected. Investigations were successful in that transmission of infection was rapidly halted as soon as the source had been found, but this activity did severely restrict the amount of routine work that could be carried out by the Environmental Health Department for a prolonged period.

Vital statistics for Guernsey were reported last year to be satisfactory. This is a relative term. Table 2:2 on page 22 shows the dramatic improvement in infant mortality and related statistics over the past 50 years, but it is sad that with such a healthy start, the health performance of adults should have deteriorated so much by the end of their working life. Table 8:1 on page 56 shows the continuing, unnecessary, preventable loss of life before retiring age. Cigarette smoking continues to be a major health hazard, supported by commercial interests. An increase of tobacco sales may be good for business: it is certainly bad for health.

The Island continues to be preoccupied with minor distractions when there are a number of major health problems which need to be remedied. Nuisances that offend the nose or eye are felt to be of more importance than changing behaviour to reduce the toll of the real killers. Guernsey, in common with the U.K., remains near the bottom of the European league table in preventing early death and disability from lung cancer and heart disease. Both continue to take a high toll.

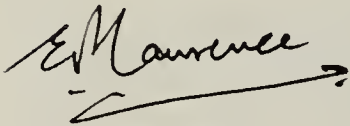
The committee set up to investigate and advise counter measures against alcohol and drug induced problems submitted its final report on Drugs to the States in September. All 17 of their proposals were accepted by the States, but persistence will be required to see that these proposals are implemented.

The Environmental Health Department has been reshaped, with Mr. Cook appointed as Deputy Chief Environmental Health Officer, and Mr. Smith in post as an Environmental Health Officer following 4 years' training and experience on the mainland. The Chief Environmental Health Officer is now directly responsible to the Board of Health for his department's activities. The monitoring of the environment and the prevention of hazards causing damage to health is slowly moving from reaction to complaints, towards "preventive maintenance".

The work of many of the departments that contribute to the Community Health Services are given in detail in the following pages. All staff have continued to provide a high standard of service, but three major issues still hold back progress: failure to recruit a permanent Community

Paediatrician to guide and plan the Preventive Child Health Service, failure to appoint a Health Promotion Officer and lack of satisfactory premises for the Community Health Department. It is devoutly to be hoped that solutions can be found for these problems which are developing an unhealthily long pedigree of insolubility.

Yours faithfully,

A handwritten signature in cursive script, reading "E.P. Lawrence". A horizontal line is drawn under the signature, ending in an arrow pointing to the right.

E.P. LAWRENCE
Consultant Community Physician (MOH)

HISTORICAL BACKGROUND

THE CHANGING FACE OF GUERNSEY

It may be of interest to compare an extract from the 32nd Annual Report of the MOH for 1930, prepared by Dr. Henry Draper Bishop, States MOH, with the current position:-

GUERNSEY 1930

The soil, composed of disintegrated granite and schist, is very fertile. Enormous quantities of tomatoes, grapes and other fruit, vegetables and flowers are grown, chiefly under glass, for export.

This industry is the chief one, but in addition, large quantities of granite for road-making are exported. The rearing, for sale in England and the United States, of the far-famed Guernsey cattle (including those from Alderney and Sark) is an important industry. These cattle are highly prized, not only for the richness of their milk, but above all for their freedom from Tuberculosis.

The population at the census of 1911 was 41,854; in 1921 it was stated to be 37,914 with 1,098 visitors, and the provisional figures for 1931 shew a population of 40,470.

Guernsey is a health resort throughout the year, but particularly so in the summer and autumn months. Not only are its natural beauties so great, but its salubrious yet bracing climate is highly attractive. It is cooler in summer and warmer in winter than on the mainland.

Drainage is good and modern in towns. The water supply, now the property of the Government of the island, is of exceptional purity and derived from deep wells, but additional sources of supply from streams have lately been obtained.

Guernsey enjoys Home Rule. With Alderney and Sark it forms a Bailiwick and is governed by a Lieutenant-Governor. The Bailiff is the Chief Civil Official.

GUERNSEY 1986

The administrative area is in the Bailiwick of Guernsey, which comprises the islands of Guernsey, Alderney, Sark, Herm and Jethou. Guernsey is the largest of these and the most westerly of all the Channel Islands: Alderney is the most northerly and but nine miles from the coast of France. Sark, Herm and Jethou lie between Guernsey and that section of the coast of France which contains the Bay of Avranches. Alderney and Sark each have their own Parliament, the States of Alderney and the Sark Chief Pleas. This is an over simplification which must suffice for present purposes.

The Community Health Department functions within the Board of Health. The Board is a standing committee of the States of Guernsey, deriving its powers from Guernsey legislation and carrying out resolutions made by the States, to whom it is responsible. This independence from the central government of the United Kingdom is what the stranger to the Channel Islands finds most difficult to understand. Nevertheless it is so and some 900 years of self government since William, Duke of Normandy, gained the English Crown are sufficient proof of this.

COMMUNITY HEALTH DEPARTMENT : STAFF.

The Community Health Department consists of independent but interdependent sections, managed by a team consisting of the Consultant Community Physician (Medical Officer of Health), the Director of Community Nursing, the Chief Environmental Health Officer and the Administrator, Community Services.

MEDICAL STAFF

Consultant Community Physician/Medical Officer of Health
Senior Clinical Medical Officer
Part-time Assistant Medical Officer of Health, Alderney
4 Part-time sessional doctors working in Occupational Health, Child Health and Venereology services.

NURSING STAFF

Director of Community Nursing
Nursing establishment in whole time equivalents:-

Health Visitors	9.3
Community Nursing Sisters	12.6
Staff Nurses	3.08
Enrolled Nurses	7.44
School Nurses	2.3
Nursing Auxiliaries	5.87

Alderney

Health Visitor / Community Nurse 1.5

ENVIRONMENTAL HEALTH STAFF

Chief Environmental Health Officer
Deputy Chief Environmental Health Officer
4 Environmental Health Officers
2 Rodent Operatives

CLERICAL AND ADMINISTRATIVE STAFF

Administrator (Community Services) *
Executive Assistant to Consultant Community Physician
Office Manager
Clerks, typist - 5 whole time equivalents

* This is not a whole time post.

COMMUNITY HEALTH DEPARTMENT - FINANCE 1986

(The figures for 1985 are shown in brackets)

		<u>1986</u>	<u>1985</u>
		<u>£</u>	<u>£</u>
Analyst's Fees		383 (CR)	(1614)
Cleaning, Fuel, Light, Water and Rents		6846	(7298)
Home Dialysis		30642	(22161)
Infectious Diseases: Notifications, Vaccinations etc.			
Doctor's Fees		8569	(9477)
Drugs, Vaccines, etc.	8609 (8313)		
Less Recoveries	3066 (3756)	5553	(4557)
Office Equipment and Furniture		14476	(21679)
Postage, Stationery and Telephones		10402	(11516)
Rodent and Pest Materials		4115	(2652)
Salaries and Wages		631829	(523824)
Superannuation		53401	(52253)
Special Treatment Clinic		10714	(14836)
Uniforms		2183	(1074)
Upkeep and Repair of Building		4418	(2537)
Travelling Expenses		67140	(57489)
Welfare Foods	5032 (3259)		
Less Recoveries	4888 (3655)	144	(396CR)
Other Expenses		3820	(3984)
		<hr/>	<hr/>
		£853,869	(£736,555)
Less Recoveries from Education Council		64,500	(59,800)
		<hr/>	<hr/>
		£789,369	(£676,755)

Table: 1:1

VITAL STATISTICS - 1986 - GUERNSEY

	<u>1986</u>	<u>1985</u>
Estimated mid year resident population.....	55,482	53,300
Population density per acre (area 16,063 acres).....	3.45	3.32
Population density per hectare (6,500 hectares).....	8.54	8.20
Live births.....	671	642
Live birth rate per 1,000 population.....	12.1	12.0
Illegitimate births.....	96	105
Illegitimate birth rate per 1,000 live births.....	143.0	163.6
Stillbirths.....	4	7
Stillbirth rate per 1,000 total births (live & still)	5.9	10.8
Marriages.....	464	365
Marriage rate - persons marrying per 1,000 population	16.7	13.7
Divorces.....	192	140
Divorce rate - persons divorcing per 1,000 population	6.9	5.3
Deaths.....	614	608
Death rate per 1,000 population.....	11.1	11.4
Corrected death rate (comparability factor 0.91)..	10.1	10.4
Infant deaths - in first year of life.....	2	4
Infant death rate per 1,000 live births.....	3.0	6.2
Neonatal deaths - in first four weeks of life.....	1	3
Neonatal mortality rate per 1,000 live births.....	1.5	4.7
Early neonatal deaths - in first week of life.....	1	3
Early neonatal mortality rate per 1,000 live births	1.5	4.7
Perinatal deaths - stillbirths and early neonatal deaths	5	10
Perinatal mortality rate per 1,000 total births (live & still)	7.4	15.4
Maternal deaths.....	0	0
Deaths from cancer, all forms.....	162	168
Cancer mortality rate per 1,000 population.....	2.8	3.2
Cancer of trachea, bronchus and lung (ICD 162).....	40	48
Lung cancer mortality rate per million population..	721	900.6
Lung cancer deaths per 100 deaths from all cancer..	24.7	28.6
Deaths due to tuberculosis, all forms.....	1	0

(These figures are for the Island of Guernsey only)

Table : 1:2

Comparison of Selected Vital Statistics

	GUERNSEY					ENGLAND & WALES	
	1986		5 Year range-1981-1985			1986	
	No	Rate	Mean	Highest	Lowest	Provisional Rates *	
Estimated mid-year resident population	55,482	—	—	—	—	49,924,000	
Live births (rate per 1,000 population)	671	12.1	11.6	12.5	11.1	13.3	
Stillbirths (rate per 1,000 total births live & still)	4	5.9	6.7	10.8	5.0	5.3*	
Illegitimate live births (rate per 1,000 live births)	96	143.0	147.1	163.6	127.6	206.0*	
Marriages (rate, persons marrying per 1,000 population)	464	16.7	14.7	15.4	13.7	12.0*	
Deaths: resident population (rate per 1,000 population)	614	11.1	11.4	12.4	10.7	12.7*	
Deaths from cancer, all forms (rate per 1,000 population)	162	2.8	2.8	3.2	2.5	2.81	
Lung cancer deaths (rate per 100 cancer deaths, all forms)	40	24.7	27.0	30.3	24.2	26.1	
Infant deaths, rate per 1,000 live births)	2	3.0	10.4	17.8	6.2	10.2*	
Neonatal deaths (rate per 1,000 live births)	1	1.5	7.5	11.3	4.7	5.4*	
Early neonatal deaths (rate per 1,000 live births)	1	1.5	4.8	6.7	3.0	N/A	
Perinatal deaths (rate per 1,000 total births - live & still)	5	7.4	12.4	14.4	8.5	N/A	
Maternal deaths (rate per 1,000 total births - live & still)	0	0	0	0	0	N/A	
Deaths due to tuberculosis, all forms (rate per 1,000 population)	1	0.02	0	0	0	0.009	

* From O.P.C.S. "Population Trends" No.47.

GUERNSEY

Population, Live Births and Live Birth Rate, Deaths, Crude Death Rate,

Table : 1:3

Infant Deaths and Infant Death Rates, 1961 - 1986 inclusive.

Year	Resident Population +	Live Births	Birth Rate	Deaths	Crude		
					Death Rate*	Infant Deaths	Infant Death Rate-#
1961	44,012	757	17.2	569	12.9	16	21.1
1962	44,705	797	17.8	569	12.7	15	18.8
1963	45,395	842	18.6	542	11.9	24	28.5
1964	46,085	891	19.3	540	11.7	19	21.3
1965	46,775	816	17.5	568	12.1	16	19.6
1966	47,465	780	16.4	564	11.9	13	16.7
1967	48,160	741	15.4	546	11.3	21	28.3
1968	48,840	752	15.4	656	13.4	16	21.3
1969	49,540	830	16.8	643	13.0	14	16.9
1970	50,230	794	15.8	616	12.3	13	16.4
1971	50,921	768	15.1	646	12.7	10	13.0
1972	51,465	790	15.4	576	11.2	14	17.7
1973	52,005	653	12.6	595	11.4	12	18.4
1974	52,550	679	12.9	610	11.6	9	13.3
1975	53,095	611	11.5	634	11.9	9	14.7
1976	53,637	623	11.6	606	11.3	9	14.5
1977	54,270	587	10.8	617	11.4	5	8.5
1978	54,320	582	10.7	567	10.4	9	15.5
1979	54,570	646	11.8	601	11.0	8	12.4
1980	53,390	622	11.7	571	10.7	8	12.9
1981	53,313	619	11.6	595	11.2	11	17.8
1982	53,300	589	11.1	630	11.8	6	10.2
1983	53,300	660	12.4	661	12.4	5	7.6
1984	53,300	596	11.2	581	10.7	6	10.1
1985	53,300	642	12.0	608	11.4	4	6.2
1986	55,482	671	12.1	614	11.1	2	3.0

+ Estimated mid-year population * Rates per 1000 population # Infant death rate per 1000 live births

Table: 1:4

POPULATION ESTIMATES - 1961 - 1986

GUERNSEY (Including Herm and Jethou).

Estimated populations are based on the information available from previous censuses taken together. The working has been explained in the MOH's Annual Reports for 1978 and 1979, to which reference should be made for detail.

YEAR	POPULATION	MALE	FEMALE	BIRTHS	DEATHS	NATURAL INCREASE
1961 C	44,012	21,172	22,840	757	569	188
1962	44,705	21,505	23,200	797	569	228
1963	43,395	21,835	23,500	842	542	300
1964	46,085	22,165	22,165	891	540	351
1965	46,775	22,500	24,275	861	568	248
1966	47,465	22,830	24,635	780	564	216
1967	48,160	23,165	24,995	741	546	195
1968	48,840	23,490	25,350	752	656	96
1969	49,540	23,830	25,710	830	643	187
1970	50,230	24,160	26,070	794	616	178
1971 C	50,921	24,493	26,428	766	646	120
1972	51,465	24,755	26,710	790	576	214
1973	52,005	25,040	26,965	652	595	57
1974	52,550	25,330	27,220	679	610	69
1975	53,095	25,620	27,475	611	634	-23
1976 C	53,637	25,909	27,728	623	606	17
1977	54,270	26,210	28,060	587	617	-30
1978	54,320	26,235	28,085	582	567	15
1979	54,570	26,357	28,213	646	601	45
1980	53,390	25,740	27,650	622	571	51
1981 C	53,313	25,701	27,612	619	595	27
1982	53,300	25,720	27,580	589	630	-41
1983	53,300 ¥	25,720	27,580	660	661	-1
1984	53,300 ¥	25,720	27,580	596	581	15
1985	53,300 ¥	25,720	27,580	642	608	34
1986 C	55,482	26,859	28,623	671	614	57

C Census Year

¥ No recalculation has been made for 1983 - 1985 because of the small difference between births and deaths in these latter years.

The effect of immigration is a much more elusive factor to quantify and is not shown.

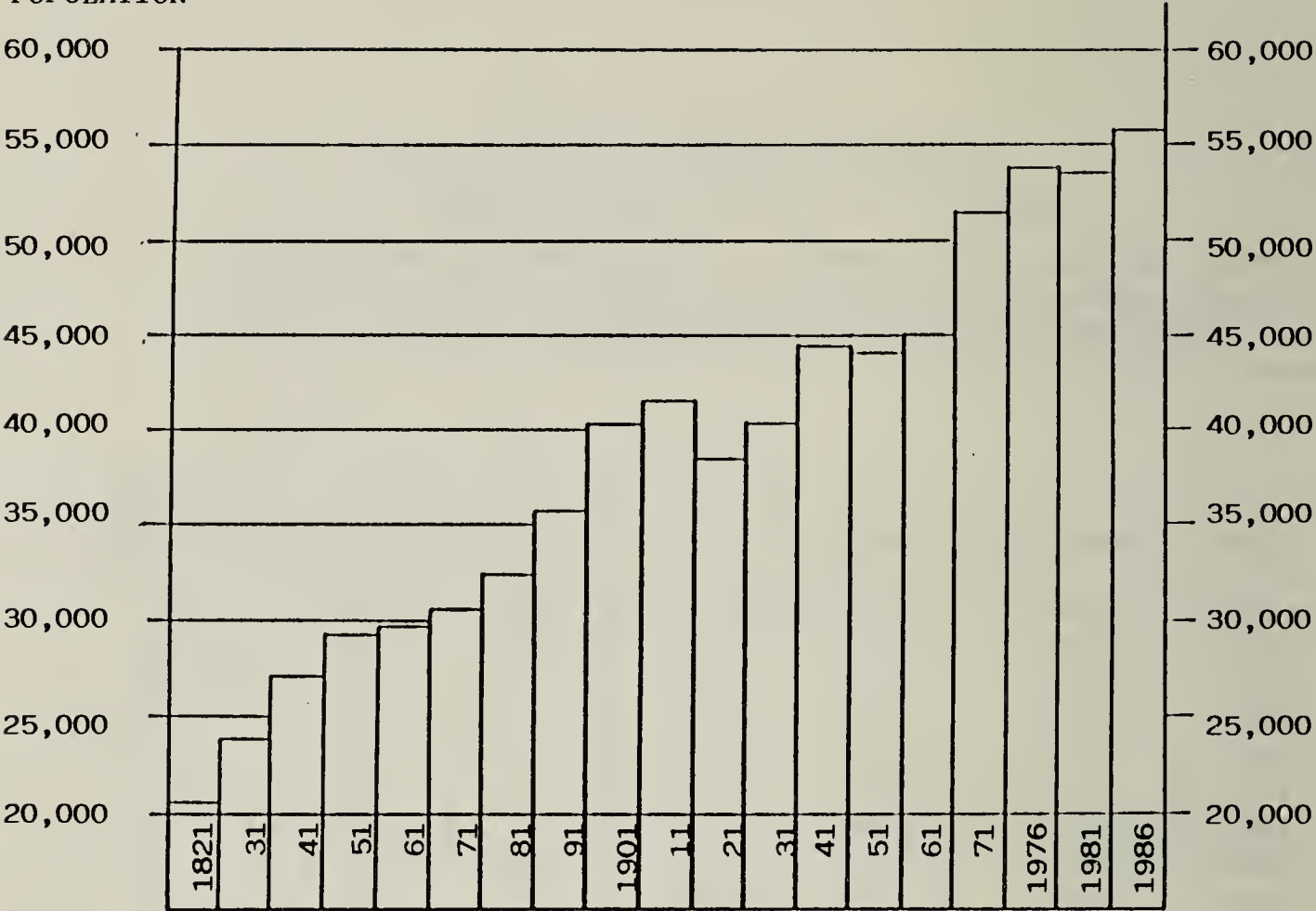


Fig: 1:5

CENSUS POPULATIONS 1821 to 1986 - GUERNSEY.

GUERNSEY		ALDERNEY	SARK	HERM	JETHOU	BAILIWICK
1821	20,302	1,154	488	28	9	21,981
1861	29,804	4,932	583	41	5	35,365
1911	41,823	2,561	579	33	2	44,998
1961	44,968	1,472	561	90	8	47,099
1971	51,351	1,686	590	96	11	53,734
1981	53,268	2,086	N/K	37	8	56,000 (Est)
1986	55,482	N/K	N/K	59	2	58,200 (Est)

CENSUS POPULATIONS 1821 - 1986 - BAILIWICK

Table: 1:6

GUERNSEY : SOME COMPARISONS OF AVERAGE AGE AT DEATH

Table: 1:7	<u>1974</u>	<u>1979</u>	<u>1983</u>	<u>1984</u>	<u>1985</u>	<u>1986</u>
FEMALE DEATHS						
Guernsey	76.9	76.3	78.4	77.1	76.6	76.9
Jersey (mid 5 year average)	75	76	76	75	76	75
U.K.	74	75	75.2	75.5	75	-
MALE DEATHS						
Guernsey	66.3	68.9	71.5	71.1	71.5	71.6
Jersey (mid 5 year average)	68	68	70	71	70	69
U.K.	67.7	68.8	69.6	69.5	73.3	-
DIFFERENCE BETWEEN MALES AND FEMALES, IN YEARS						
Guernsey	10.6	7.4	6.9	6	5.1	5.3
Jersey	7	8	6	4	6	6
U.K.	6.3	6.2	5.6	6	1.7	-

PREVENTIVE CHILD HEALTH

The aim of this service is to promote the health of children and to minimise disability, in the belief that a healthy child has a better chance of growing into a healthy adult.

Four main approaches are used - Systematic screening for abnormalities, education about healthy living, advice on how best to use the health services and protection from specific illnesses by Immunisation.

Success depends on good team work, involving family doctors, health visitors, school nurses and the Senior Clinical Medical Officer.

The agreed schedule of procedures is given below to indicate how different members of the team work together. The preventive programme is carried out in the home, in surgeries, in Child Health Clinics, at Lukis House and in schools.

Screening: It is now generally accepted that most of the major physical abnormalities are detected in the first year of life. Thereafter, the important points to watch are the development of walking and of speech, and of the special senses of sight and hearing. Regular reviews of sight and hearing are the two most valuable screening measures needed after infancy. If the child is competently examined before the age of one year, little is to be gained by further full physical checks at frequent intervals. It is nevertheless vital that the service should respond promptly to an invitation to check a child whose development or behaviour does not seem normal. This combination of careful assessment in the first year of life, some routine screening thereafter, and response to referrals at any age is the current basic pattern of child health services.

Prevention Programme:

Pre School

Ante natal care: Health Education and surveillance during the ante natal period is shared between Health Visitors, Midwives and doctors.

The perinatal period: Health visitors take over their duties from the Midwives when a baby is 10 days old; they visit the mother, giving support and advice and encourage attendance at Child Health Clinics for screening and at doctor's surgeries for Immunisation. The family doctor carries out a physical examination of the new born infant as part of routine perinatal care.

- Six Weeks: This should be followed with a second examination by a doctor at about six weeks of age. Health Visitors carry out periodic development checks throughout infancy as part of their surveillance during continued contacts with the family.
- 3 - 9 months: Routine primary immunisation against diphtheria, tetanus, whooping cough and polio should consist of three spaced doses of the vaccines at about 3, 5 and 9 months of age.
- 8 months: Health Visitors carry out a developmental check on all babies at Lukis House, hearing is tested by the distraction method. If progress is in doubt, the baby is referred to the Senior Clinical Medical Officer for an opinion. Health Visitors repeat developmental assessments in the home during the second year of life.
- 13 months: Vaccination against measles by the family doctor is strongly recommended.
- 3 Years: Health Visitors carry out a developmental check including hearing and visual acuity and again refer problems to the Senior Clinical Medical Officer. The immune status is reviewed; parents are encouraged to finish incomplete programmes and in particular to accept vaccination against measles, if this has not been done. Parents are also encouraged to take their child to a Dentist for routine surveillance if they have not yet done so.
- At School:
- 4 - 5 Years: At school entry, every child has a routine physical examination by the school doctor; the sight and hearing are tested. A skin test for tuberculosis is carried out by the school nurse, who also checks height and weight. Immunisation is reviewed, with encouragement to accept boosters against diphtheria, tetanus and polio from the family doctor.
- 7 years: The sight of all 7 year olds is checked.
- 10 Years: Hearing and Vision, including colour vision, is tested. A tuberculin skin test is carried out and negative reactors are vaccinated against TB. The school nurse checks height and weight.
- 11 Years: Girls are vaccinated against German Measles.

13 Years: Vision screening is carried out.

15 Years: Each individual's state of health is reviewed and those requiring physical examination are seen by the school doctor. Sight and hearing are checked. The school nurse checks height and weight. Girls who have missed Rubella vaccination are encouraged to have this done.

Health Visitors, school nurses and school doctors accept referrals from teachers or parents of any child of any age where there is concern about health or development. The action taken includes investigation of the problem, liaison with other professionals and in particular the family doctor, or referral for specialist help, as appropriate.

BIRTHS IN 1986 AND DEATHS IN THE FIRST YEAR OF LIFE.

There were 671 live births in 1986 and 4 stillbirths.

There were 2 deaths of infants under a year old, 1 of which occurred in the first four weeks of life (neonatal death); this was an early neonatal death, in the first week.

Perinatal deaths are those deaths occurring before parturition and within one week afterwards, that is to say stillbirths and early neonatal deaths. There were 5 perinatal deaths in 1986, giving a perinatal death rate of 7.4 per 1000 total births (live & still). These statistics compare favourably with those in England & Wales, and are about half the figures of ten years ago.

Statistics relating to births and infant deaths since 1930 are shown in Table 2:2. It must be remembered that when the number of deaths in a year reaches a very low figure, the death rates calculated from these figures may fluctuate widely from year to year. The neonatal death rate for example, has fluctuated from 1.7 to 11.3 in the last 10 years, but does not indicate a dramatic deterioration or improvement of services from one year to the next.

The number of small babies born decreased from 6.5% to 6.1% of all births, and the number of teenage pregnancies has also fallen: both are important factors affecting infant mortality.

The figures taken as a whole, are however a remarkable indication of the improvement in obstetric and perinatal care that has taken place over the past half century, and of the maintenance of a high standard of care.

It is salutary to remember that just over 50 years ago, in 1933, there were 9 maternal deaths, 30 stillbirths and 56 deaths of infants under 1 year of age, for a population three quarters of the present figure. The infant death rate was twenty six times greater than today.

Table: 2:1

COMPARISON OF INFANT DEATH RATES

	5 YEAR AVERAGES					
	1960 - 64	1965 - 69	1970 - 74	1975 -79	1980 - 84	1986
Infant Death Rate	20.6	20.5	15.5	13.1	11.7	3.0
Neonatal Death Rate	14.4	14.8	11.1	8.4	8.5	1.5
Perinatal Death Rate	N/A	27.9	21.7	17.1	11.6	7.4

Table: 2:2 STATISTICS RELATING TO BIRTHS AND INFANT DEATHS - 1930 - 1986

Five Year Averages	Live Births	Birth Rate	Male Live Births	Female Live Births	Still Births		Infant Deaths		Neonatal Deaths		Early Neonatal Deaths		Perinatal Deaths		Maternal Deaths	
					No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
1930-34	749	18.4	377	372	27	34.3	44	59	N/A	N/A	N/A	N/A	40	N/A	N/A	N/A
1935-39	787	18.4	408	379	31	38.7	41	51.3	N/A	N/A	N/A	N/A	N/A	N/A	3	3.2
1945-49	766	19.7	391	375	17	22.3	23	29.2	N/A	N/A	N/A	N/A	N/A	N/A	1	1.6
1950-54	734	16.6	369	365	13	17.9	18	24.2	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
1955-59	704	16.7	375	329	13	18.6	17	24.4	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
1960-64	811	17.9	412	399	14	17.3	17	20.6	13	14.4	N/A	N/A	N/A	N/A	N/A	Nil*
1965-69	785	17.2	400	385	11	14.6	16	20.5	13	14.8	11	13.7	22	27.9	Nil	Nil
1970-74	736	14.9	377	359	9	12.0	11	15.5	8	11.1	7	10.0	16	21.7	Nil*	Nil*
1975-79	610	11.3	316	294	6	9.4	8	13.1	5	8.4	5	8.4	11	17.1	Nil	Nil

Annual Figures																
1980	622	11.7	339	283	5	8.0	8	12.9	6	9.7	4	6.4	9	14.4	Nil	Nil
1981	619	11.6	335	284	5	8.0	11	17.8	7	11.3	4	6.5	9	14.4	Nil	Nil
1982	589	11.1	314	275	3	5.1	6	10.2	5	8.5	2	3.4	5	8.5	Nil	Nil
1983	660	12.5	337	323	4	6.1	5	7.6	4	6.1	2	3.0	6	9.0	Nil	Nil
1984	596	11.2	299	297	3	5.0	6	10.1	4	6.7	4	6.7	7	11.7	Nil	Nil
1985	642	12.0	338	304	7	10.8	4	6.2	3	4.7	3	4.7	10	15.4	Nil	Nil
1986	671	12.1	326	345	4	5.9	2	3.0	1	1.5	1	1.5	5	7.4	Nil	Nil

Note: N/A = Figures not available
 Five year average numbers to nearest whole number
 * There was 1 maternal death in each of these 5 year periods.

Table 2:3

TOTAL LIVE BIRTHS (BY AGE OF MOTHER)

<u>AGE-GROUP</u>	<u>MALE</u>	<u>FEMALE</u>	<u>TOTAL</u>	<u>%</u>
15-19	22	20	42	6.3
20-24	75	72	147	22.0
25-29	126	124	250	37.2
30-34	71	95	166	24.7
35 +	32	34	66	9.8
	<u>326</u>	<u>345</u>	<u>671</u>	<u>100 %</u>

Table 2:4

ILLEGITIMATE LIVE BIRTHS 1986 (BY AGE OF MOTHER)

	<u>MALE</u>	<u>FEMALE</u>	<u>TOTAL</u>	<u>%</u>
15-19	16	16	32	33.3
20-24	14	16	30	31.3
25-29	15	8	23	24.0
30-34	5	3	8	8.3
35 +	1	2	3	3.1
	<u>51</u>	<u>45</u>	<u>96</u>	<u>100 %</u>

Teenage Pregnancies

There were 42 teenage pregnancies (6.3% of all births) compared with 43 last year. Three quarters resulted in the birth of an illegitimate infant.

Thus 32 infants were born with the risk factors of illegitimacy and a young and inexperienced parent, often single

Twins

One pair were born in 1986, compared with 10 in 1985.

Table: 2:5

LIVE BIRTHS CLASSIFIED BY BIRTH WEIGHT - LEGITIMATE & ILLEGITIMATE - 1986

BIRTH WEIGHT GRAMMES	BABIES LEGITIMATE		BABIES ILLEGITIMATE	
	M	F	M	F
Under 501	-	-	-	-
501 - 1,000	-	-	-	-
1,001 - 1,500	-	1	2	-
1,501 - 2,000	2	2	-	1
2,001 - 2,500	11	18	2	2
2,501 - 3,000	31	59	8	11
3,001 - 3,500	109	126	24	17
3,501 - 4,000	90	72	13	13
4,001 - 4,500	25	20	2	-
4,501 - 5,000	5	2	-	1
OVER 5,000	1	-	-	-
Not known	1	-	-	-
TOTALS:	275	300	51	45
Total Live Births	671			

6.1% of all infants born weighed less than 2.5 Kgm at birth
(U.K. rate 6.9%)

INFANT IMMUNISATION

The number of infants eligible for immunisation (at risk from the disease) for each year of the table is arrived at by deducting infant deaths and emigrants from births in that year and adding immigrant infants still requiring immunisation. "Protected" children are those who have had a complete primary course of immunisations.

Table: 2:6

Year	Infant Population at risk by year of birth	PROTECTED AGAINST							
		Diphtheria and tetanus		Whooping Cough		Polio		Measles	
		No	%	No	%	No	%	No	%
1979	633	616	97.3	348	55.0	-	-	-	-
1980	575	563	98.9	322	56.0	-	-	-	-
1981	590	548	92.9	378	64.0	400	67.8	56	9.5
1982	592	442	80.7	401	73.1	378	58.6	162	23.9
1983	660	531	81.1	465	70.5	403	61.1	240	36.4
1984	609	528	86.7	468	76.8	436	71.6	308	50.6
1985	632	464	73.4	421	66.6	426	67.4	317	50.1
1986	661	112*	16.9	106*	16.0	104*	15.7	-	-

* These figures are incomplete. Infants born in the last quarter of 1986 are only just commencing immunisation by the year's end.

Measles vaccination is offered in the second year of life: no children are vaccinated in the year of birth. Notification of vaccination started in 1983, so the total is an under estimate of the true position. Notification of vaccination against Polio is likewise very incomplete, and has not yet been remedied. Now that notification of immunisation is more complete the figures support the view that a reasonably high proportion of infants are being protected against all these diseases, though improvement is both possible and particularly necessary with respect to Whooping Cough and Measles.

The number of children protected against Whooping Cough are those who have had 3 doses of Triple Vaccine (DT Per/Vac).

Those protected against diphtheria and tetanus have either had a total of 3 doses of Triple vaccine or Diph/Tet vaccine.

Table: 2:7

ANNUAL STATISTICS FOR HEALTH VISITORS - 1986

1)	<u>Pre-school Visits:</u>	(8415 visits)	<u>1986</u>	<u>1985</u>
	Primary 0-1.....		634	640
	Primary 1-5.....		498	44
	Re-visits 0-1.....		4177	3172
	Re-visits 1-5		3106	2932
2)	<u>School Children</u>	(87 visits)		
	Home visits.....		89	81
	School visits		10	2
3)	<u>Visits to:</u>	(2074 visits)		
	Families with problems.....		795	361
	The Elderly.....		671	408
	Physically Handicapped.....		36	15
	Mentally ill.....		5	14
	Ante-natal.....		137	98
	Hospitals.....		50	57
	Nursing Homes.....		2	1
	Playgroups.....		55	21
	Children's Ward Liaison.....		134	32
	Miscellaneous.....		189	84
4)	<u>Infectious Diseases:</u>			
	<u>B.C.G. Programme:</u>	(17 visits)		
	M.P.T.....		6	14
	B.C.G.....		8	10
	Home visits.....		3	8
5)	<u>Unsuccessful Visits:</u>	(no access)	1155	682
6)	<u>Clinics:</u>	(1025 sessions)		
	Maternity bookings.....		274	206
	Developmental screening.....		413	387
	Child welfare.....		338	219

Table : 2:7 contd

7)	<u>Health Education:</u>	(439 sessions)	<u>1986</u>	<u>1985</u>
	Schools.....		28	9
	Groups.....		26	6
	Preparation sessions.....		24	7
	Parentcraft.....		22	14
	Post-natal.....		237	6
	Film evening.....		102	3
8)	<u>Meetings with:</u>	(842 sessions)		
	Medical Officer of Health.....		13	9
	School Medical Officer.....		16	10
	Health Visitors.....		234	142
	Group Practices.....		222	124
	Community Nurses.....		7	18
	Case Conferences		181	96
	Other.....		169	44
9)	<u>Miscellaneous:</u>	(346 sessions)		
	Clerical.....		241	132
	Interviews at Lukis House.....		43	53
	Evening & Weekend visits.....		40	25
	Pupil Nurse Training.....		22	13

Table: 2:8

CHILD HEALTH CLINICS - 1986

Number of clinics held and the number of children
seen by Health Visitors at these Clinics.

	Clinics held	Number of children seen.			
		Number aged 0 - 1	Average per clinic	Number aged 1 - 5	Average per clinic
Brock Road, St Peter Port	24	200	8	176	7
Cobo	51	1180	23	353	7
Lukis House	49	1330	27	357	7
L'Islet	24	503	21	317	13
St Peter's	23	329	14	269	12
St Martin's	23	353	15	166	7
St Sampson's	24	424	18	207	9
Cobo Surgery	33	391	12	20	1
Les Merriennes Surgery	10	399	40	15	1
Totals:	261	5,109	20	1,880	7

Total : 6,989 children

1985 Clinics: 214. Total Children: 4,989 1,939

6,928

Note: Clinics started at Cobo Surgery in May 1985 (weekly basis)
and at Les Merriennes Surgery in February 1985 (monthly basis)

HEALTH EDUCATION

Prevention by persuasion is not popular in Guernsey. There is a strong belief that only the law should define acceptable or unacceptable behaviour, as the current expression of public sentiment. In other words, the State should not waste public money on preventing harmful habits (such as smoking) unless there is a law against it. This makes it difficult to encourage the necessary moderation and self control when indulging various appetites to excess. For too long there has been a belief (both in private and in commercial life) that if something is good (or enjoyable), more must be better. No business expects its profits to be stationary - they must rise each year, and by increased consumption of all the products sold. Finding an acceptable alternative to the doctrine of increased consumption (whether of food, alcohol or sexual partners) is a key factor in health promotion.

Health Promotion is concerned with making healthy choices easier choices. This task is not a simple one and there will be little progress without a trained and experienced Health Promotion Officer.

This individual has to devise, market, advertise and sell an attractive alternative life style.

"

FAMILY PLANNING

The Guernsey Family Planning Association continued to provide a service which meets a very real need. Clinics are held on Wednesday evenings, at Lukis House.

The Clinic is available to the public both directly (for those unwilling initially to consult their own doctor) as well as to individuals referred by their doctor or Health Visitor.

There were 153 new registrations at the clinic, and a total of 863 attendances.

NON-ACCIDENTAL INJURY TO CHILDREN

The Guernsey Child Abuse Committee, consisting of the Medical Officer of Health, the Senior Clinical Medical Officer, a Chief Inspector of Police, the Chief Inspector of the NSPCC, the Director of Community Nursing, the Deputy Director of Education and chaired by the Children Officer, met regularly to review procedures.

Ways of improving medical advice, and better methods of working with the police, were discussed at length. The sexual abuse of children is increasingly recognised as a substantial problem and training seminars on this topic were held during the year. The revision of the 'At Risk' guidelines has started.

It has become very obvious that the effective prevention of child abuse involves a considerable amount of staff time.

The Children Board have therefore developed a specialised service to deal with these difficult problems.

COMMUNITY NURSING SERVICE 1986

It has been a very busy year, and an exciting one for the community staff.

Inter-Island District Nurse training was very much in the foreground.

The tutor for District Nurse training, Mrs Jean Rhodes, came into post on 1st September 1986 at the Highlands College of Further Education in Jersey.

A course planning committee was formed, and Mrs D. Jackson, Director of Community Nursing, Guernsey, made regular visits to Highlands College in Jersey to work on the planning and curriculum for this course.

The English National Board for Nursing, Midwifery, and Health Visiting, are responsible for controlling the standards of each individual course, and colleges must adhere to strict criteria both in resources, and planning a curriculum.

The last six months of 1986 therefore was used for the planning of this curriculum which had to be initially approved by the English National Board prior to a final validation visit by the Board members to the training establishment to meet the committee members.

This process always takes approximately ten months for each establishment. Validation for a course is not automatic; many colleges are turned down by the Board if the curriculum presented is not good enough. However, the local Inter Island proposals have subsequently proved acceptable to the English National Board, and the first course is expected to commence in September 1987. The theory part of the course will take place at Highlands College, Jersey; the practical module will be done here in Guernsey.

Throughout 1987 staff will have to be trained to become practical work teachers, and an assessor for the students, so that the practical work can be done here. Places for the three trained community Sisters have been booked in England for them to undertake this special training ready for the course. Providing they are successful, the course will go ahead.

Primary Health Care teams are now progressing satisfactorily. It has been a year for consolidating a new concept.

Home care services for the terminally ill have been built up to include bereavement counselling of families. Mrs. Mary Jones, the Home Care Sister, has given many talks to the public and professionals about her role, and we have had many appreciative letters, regarding the help she has given to families at such a critical time for them.

Due to the pressure of work, another Sister was employed in August and went to England to the McMillan Unit, Christchurch, to undertake a six week course on management of terminally ill patients. Mrs Barbara Yates became fully operational in her job in November, 1986 and the service is progressing satisfactorily at the time of this report.

The Health Visiting Service has had a year of settling down. This has enabled the Health Visitors to appreciate one another's roles and also plan their service to the client better than before. More staff has meant more input to Health Education talks in clubs and health clinics and more time to spend with clients.

1986 has been a busy one for attendance at case conferences on suspected child abuse cases. The number of case conferences held was 181. Closer liaison and working relationships have been achieved between the Children Board staff, N.S.P.C.C. and Police, which can only be of immense value to all concerned.

Most of the Health Visitors have started well baby clinics in doctor's surgeries and these have been in co-operation with the doctors and are well attended by Mothers and babies. Child Health Clinics are also still held on a regular basis in the different parishes.

School Nursing Services have been busy. Mrs. Sheila Smith has taken on in addition to school nursing duties health education talks within the Infant and Junior Schools. The teachers have worked in close liaison with Mrs Smith to help and give her any support she has required.

Another school nurse Mrs Jean Roland, runs a fortnightly enuretic clinic for this problem. A State Enrolled Nurse has joined the team initially on a part-time, term time basis until she becomes proficient in this work, and then her hours will be reviewed.

More staff will be recruited to fill the positions of the nurses who will be in training so that the policy that nurses in training have to be extra to the establishment can be adhered to.

As the Director of the Community Nursing Services, 1986 has been a year of consolidation for me into the Island. Attitudes towards community care have changed greatly over the last three years.

However, I would like to take this opportunity of thanking staff, colleagues, and other services for all the help given to me throughout 1986.

Dorothy Jackson

Mrs. D. Jackson,
Director of Community Nursing.

Statistics

Table: 3:1

Community Nursing

	1976	1983	1984	1985	1986	% changes in 1986
General	23,184	49,872	49,468	47,647	51,174	+ 6.9
Visits to 65 & over	18,680	42,507	41,996	39,622	45,130	+ 8.9
% of visits to 65 & over	80.2	85.2	84.9	83.1	88.2	-
Twilight nursing visits	None	9,020	8,300	9,250	9,146	- 1,1
Total visits	23,184	58,892	57,768	56,897	60,320	+ 5.7
Overall total visits	25,145	62,881	61,391	56,897	60,320	+ 5.7

Table: 3:2

Patients

	1976	1983	1984	1985	1986
Patients referred					
New referrals	N/K	548	671	667	839
Existing patients	N/K	388	448	481	505
Totals:	600	936	1,119	1,148	1,344

THE ELDERLY

It is estimated that there are 8,800 individuals over 65 years of age living in Guernsey, of whom 3,800 are over 75.

This latter group in particular are those who may require extra services from Community nurses amongst other professionals.

Possibly half of those over retiring age and two thirds of the over 75's live alone.

The working party on services for the elderly has continued to meet regularly to coordinate the services which the Board of Health approved in 1985.

The Geriatric Liaison Team, including staff from the King Edward VII Hospital and Community Services, is working successfully in providing comprehensive care for the elderly.

Residential Homes.

There are 7 registered homes offering 169 places. Two new homes are due to open in 1987.

These homes, which are registered by the Board of Health, are regularly inspected by an Environmental Health Officer and by a member of the nursing staff. Guidelines for applicants intending to operate a Residential Home, have been approved by the Board of Health.

Nursing Homes.

There are 2 registered nursing homes, with a total of 36 beds.

As with residential homes they are registered by the Board of Health and inspected regularly.

TERMINAL CARE

The Board of Health established the full time post of Home Care Sister early in 1984.

During 1986, the increasing work load was met by recruiting a second Nurse, initially on a part time basis but becoming full time.

There were 93 new referrals during the year. On average 30 patients are attended each month, involving a total of 2180 visits during the year. A critical evaluation of the service estimated that in 80% of cases a significant contribution or considerable help was provided, while in 20% the service made little or no difference in retrospect.

Two beds in the Princess Elizabeth Hospital are reserved for Hospice type care. Five syringe drivers are now in use as a means of providing continuous pain relief in the home as well as in hospital.

During 1986, 162 patients died from cancer, compared with 168 in 1985.

The Guernsey Society for Cancer Relief, set up towards the end of 1983, continued to play an active part in helping individuals in the Island.

MEDICAL ADVICE TO STATES DEPARTMENTS.

Civil Service Board

The system of pre-employment assessment of fitness for employment by questionnaire is working satisfactorily. Of 492 new entrants, 394 were assessed on the questionnaire alone, while 98 also required a medical examination.

In addition, 261 Nursing staff were assessed, 183 by questionnaire and 78 by medical examination.

Recommendations for early retirement on medical grounds were submitted for 14 individual employees, and for 1 teacher.

States Water Board

In view of the steady increase over the years of the average level of nitrates in the water supply, the evidence regarding potential harmful effects is kept under review. There is no good evidence of any risk to health from the present levels in water in Guernsey. The current EEC limit may be unnecessarily restrictive.

Motor Tax Department

There were 35 consultations regarding medical aspects of fitness to drive.

Legislation to enforce the wearing of seat belts is being prepared by the States. Any appeal against this requirement on medical grounds will be considered by an independent doctor.

The control of drunken driving remains the single most urgent and important factor in preventing death and injury from road accidents. The recent legislation regarding blood and urine alcohol levels to give a more accurate assessment of fitness to drive should do much to prevent drunken driving.

Control of Dangerous Drugs

The import, export, production, supply and possession of certain powerful addictive drugs such as morphine and heroin, is controlled by law to prevent abuse and to ensure they are used only for prescribed treatment.

The Medical Officer of Health on behalf of the Board of Health, has a duty to inspect and sign import licences for Controlled Drugs.

Table: 4:1

Misuse of Drugs Law 1974

Importation licences for Controlled Drugs issued annually
1976 - 1986

1976	40	(from June 1st only)
1977	80	
1978	89	
1979	82	
1980	87	
1981	117	
1982	112	
1983	117	
1984	118	
1985	132	
1986	150	

The increase in 1981 was due to development by a local pharmaceutical manufacturing business to include preparations containing controlled drugs

There are now 6 Pharmacists and 4 medical practices who apply for controlled drugs.

INFECTIOUS DISEASESMEASLES

Epidemics have occurred in Guernsey in 1974, 1977/78, 1980/81, and 1982/3.

In May 1985 an epidemic started which continued into 1986, with a total of 215 cases during this period. Repeated epidemics can be expected until vaccination against this disease becomes more widely accepted. The vaccine is now of proven efficiency with a low incidence of side effects. The disease remains unpleasant for most sufferers but it also causes serious complications in 15%. Between 10 and 20 children die from measles on the mainland every year. These are preventable illnesses.

WHOOPING COUGH

14 sporadic cases were notified. Provided a high level of vaccination is maintained, the epidemic of 1982/83 could well be the last in the Island.

FOOD POISONING

In September, six individuals were admitted to hospital with severe food poisoning. They had all been infected with the same strain of salmonella typhimurium.

Intensive, time consuming investigations followed which indicated that the likely source had been contamination of filling materials used in the confectionery trade. Once the cause had been identified, and remedial precautions had been taken, the outbreak ended. However, this was a major outbreak which affected 123 individuals over a period of a fortnight, during which the resources of the Environmental Health department were stretched to the full. Once again, expert technical support from the Central Public Health laboratory in London helped to solve our problem. The workload at the Princess Elizabeth Laboratory doubled over a four week period, and in all about 4,500 tests were carried out during the outbreak.

TUBERCULOSIS

It is often stated that tuberculosis used to be commoner in Guernsey than on the mainland. This is not true. The incidence was similar in both in the post war years, and there has been a similar decline since then.

This is shown by the average number of cases notified each year by decade:-

1946-55	-	38 cases
1956-65	-	30 cases
1966-75	-	9 cases
1976-85	-	5 cases

This decline is due to a number of factors - better general health and diet, adequate search for and treatment of cases, protection of children by BCG vaccination, and X-ray screening of at risk groups. As the number of cases dwindles, control depends more on early diagnosis and contact tracing than on expensive mass measures, such as routine chest X-ray examinations, which are now being phased out. One case of pulmonary TB was notified during the year.

AIDS

No cases of AIDS were notified in 1986, but there are 3 carriers of the Human Immuno deficiency virus resident in the Island.

Nursing guidelines, initially prepared in 1985, were revised during the year. The routine screening of all blood donations, which had started in December 1985, did not cause any problems. In February the M.O.H. attended a U.K. national conference on AIDS in Newcastle, and in March a well attended symposium was held locally. November saw the start of regular Health Education presentations to Health Care workers, States employees and members of the public, and preparations were made to participate in the massive U.K. publicity exercise which took place early in 1987.

NOTIFICATIONS OF INFECTIOUS DISEASES

	1967	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86
Measles	1	1	-	-	-	-	-	1292	13	25	523	217	3	581	123	71	258	27	140	75
Whooping Cough	-	-	-	-	-	3	1	12	5	5	157	23	69	17	11	42	48	-	-	14
Food Poisoning	2	1	-	1	3	1	-	-	12	13	33	59	28	38	29	27	22	17	32	160
Dysentery	-	-	-	1	-	-	-	-	-	-	-	-	-	2	3	1	1	-	-	-
Paratyphoid Fever	-	-	1	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Typhoid	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-
Scarlet Fever	-	1	-	-	-	2	1	3	11	1	3	8	5	2	9	3	4	-	1	-
Infective Hepatitis	-	1	1	-	-	-	1	3	6	3	3	5	2	3	3	2	4	-	-	5
Leptospirosis	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-
Acute Encephalitis	-	-	-	-	6	-	-	-	-	-	-	1	1	-	-	-	-	-	-	-
Acute Meningitis	-	-	-	-	-	2	2	3	-	2	1	1	1	1	-	1	1	-	-	1
Malaria	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-
Tetanus	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	-	-	-	-
Tuberculosis *	11	10	7	8	9	3	3	7	6	8	8	8	2	3	5	4	3	2	8	1

* Notifications of tuberculosis have been reviewed and corrected this year.
Tables in previous Annual Reports show small differences from these figures.

Table : 5:2

IMMUNISATIONS GIVEN BY THE COMMUNITY HEALTH DEPARTMENT

	<u>1986</u>	<u>1985</u>
B.C.G.	531	657
Rubella	335	330
Rabies	30	-
	<u>896</u>	<u>987</u>

In Guernsey, infant immunisation is given by the family doctors and paid for by the Board of Health.

B.C.G. and Rubella is administered through the School Medical Services and the detailed breakdown is given in the Annual Report of the School Medical Officer for each academic year (not calendar).

Rabies immunisation is offered only to volunteers among Customs Officers and certain Harbour staff.

Travellers are encouraged to arrange their protective immunisation with their own doctor, but advice about individual requirements is available from Lukis House.

SEXUALLY TRANSMITTED DISEASES CLINIC

Dr.J.E. Strickland has submitted the following Report

ATTENDANCE FIGURES FOR THE YEAR 1986

I have pleasure in presenting to you the figures for the year 1986.

It is interesting to note that this year cases of gonorrhea have increased and those of non-specific Urethritis have decreased; a reversal of the 1985 figures.

A very high proportion of infections occurring in the 16 to 19 year old group should be noted, especially amongst the female patients. Also a number of girls in the 20 to 29 year old group had barely attained 20 years of age. This revelation would suggest that there is an urgent need for the education of young people in Sexually Transmitted Diseases.

Education has always been one of the most potent weapons available to preventative medicine in it's fight to control Sexually Transmitted Diseases. It is a matter of regret that the talks that were started so promisingly at the Special Treatment Clinic, for volunteer school leavers accompanied by a teacher have not received support from the appropriate quarters.

The advent of AIDS and AIDS - related conditions appears at last to have highlighted the vital importance of education in these matters, and it is thought that the opportunity to learn about these conditions should be offered to suitably selected students in all the Island's Colleges and Schools where senior pupils attend.

Yours sincerely

J.E. Strickland
J.E.T. Strickland,
Venereologist.

SEXUALLY TRANSMITTED DISEASES CLINIC - MALE PATIENTS - 1986

Table: 5:3

Total new cases: 126

Specific ConditionsInfection Contracted:

between residents locally

between residents and non-residents
locally

by residents outside the island

by non-residents outside the island

between non-residents locally

Totals:All casesStatus

Residents

Visitors

Visiting Seamen

Imported Labour

Others not classified above

Totals:All CasesAge Group

Under 16

Age 16-19

Age 20-29

Age 30-39

Age 40 and over

All ages

Total Attendances: 297

Syphilis	Gonorrhoea	Non-specific Urethritis	Other sexually transmitted diseases	Miscellaneous conditions	Totals
-	10	23	-	-	33
-	6	3	-	-	9
-	2	1	-	-	3
1	2	2	-	-	5
-	3	-	-	-	3
1	23	29	-	-	53
-	18	23	25	35	101
-	-	-	-	-	-
-	-	1	-	-	1
-	4	3	7	6	20
1	1	2	-	-	4
1	23	29	32	41	126
-	-	-	-	-	-
-	5	3	4	11	23
1	14	17	15	10	57
-	4	7	8	12	31
-	-	2	5	8	15
1	23	29	32	41	126

SEXUALLY TRANSMITTED DISEASES CLINIC - FEMALE PATIENTS - 1986

Table: 5:4

Total new cases: 46

Specific ConditionsInfection Contracted:

between residents locally

between residents and non-residents
locally

by residents outside the island

by non-residents outside the island

between non-residents locally

Totals:All casesStatus

Residents

Visitors

Visiting Seamen

Imported Labour

Others not classified above

Totals:All CasesAge Group

Under 16

Age 16-19

Age 20-29

Age 30-39

Age 40 and over

All ages

Total Attendances: 66

Syphilis	Gonorrhoea	Non-specific Urethritis	Other sexually transmitted diseases	Miscellaneous conditions	Totals
-	6	4	-	-	10
-	4	1	-	-	5
-	-	-	-	-	-
-	-	-	-	-	-
-	2	-	-	-	2
-	12	5	-	-	17
-	7	5	13	5	30
-	-	-	4	1	5
-	-	-	-	-	-
-	5	-	5	1	11
-	-	-	-	-	-
-	12	5	22	7	46
-	-	-	-	-	-
-	7	3	12	3	25
-	5	1	8	2	16
-	-	-	1	2	3
-	-	1	1	-	2
-	12	5	22	7	46
-	-	-	-	-	-

Table: 5:5

SEXUALLY TRANSMITTED DISEASES CLINIC

Cases				Total New Cases of			Attendances		
	Male	Female	Total	Syphilis	Gonorrhoea	NSU	Male	Female	Total
1972	211	40	251	1	90	95	1114	150	1264
1973	176	48	224	1	66	97	1003	183	1186
1974	194	65	259	3	90	93	974	227	1201
1975	190	83	273	18	81	89	898	321	1219
1976	172	62	234	6	70	43	899	186	1085
1977	146	43	189	0	35	41	322	93	415 *
1978	132	37	169	1	32	28	330	82	412
1979	146	58	204	3	48	36	332	133	465
1980	158	56	214	2	49	40	337	97	434
1981	144	34	178	2	31	49	369	89	458
1982	132	45	177	0	36	35	243	77	320
1983	150	32	182	0	24	31	237	45	282
1984	115	53	168	2	53	36	265	112	377
1985	126	45	171	1	24	49	287	81	368
1986	126	46	172	1	23	29	297	66	363

* In 1977 statistics were computed in a different way, so that the sudden drop in attendances only partly reflects the decrease in new cases and the marked drop in repeat visits due to changed therapeutic regimens.

In addition to those cases attending the Sexually Transmitted Diseases Clinic, 14 cases of gonococcal infection were confirmed by laboratory diagnosis, from patients attending family doctors.

THE WORK OF THE ENVIRONMENTAL HEALTH DEPARTMENT

REPORT OF J.M. BAIRDS, CHIEF ENVIRONMENTAL HEALTH OFFICER

The fundamental role of the Environmental Health Department is the protection of the general health of the public by the exercise of control over those environmental conditions which affect it.

This is achieved by monitoring and surveillance, advising and, where appropriate, enforcing environmental legislation.

The long awaited increase in establishment was achieved in the latter half of 1986 when Mr. S. Smith, having successfully completed his statutory training in the U.K. and gained a year's invaluable experience, returned to take on the post of Environmental Health Officer with the department. Mr. J.L. Cook was promoted to the post of Deputy Chief Environmental Health Officer.

These establishment changes will facilitate more effective monitoring and surveillance and the maintenance of our advisory role. However they will not overcome the basic problem that Guernsey's law has not been updated to take account of modern development and demands. This is a very time consuming task for both Environmental Health Department staff and the Island's legal department.

Environmental health protection methods have to evolve in order to remain relevant in a continually developing society. They cannot remain static.

The department continues to make the best use of existing legislation but difficulties arise as technological developments outstrip the rate of legislation change.

FOOD CONTROL SECTION

A total of 1183 complaints/requests were dealt with during the year.

Details of the 4529 visits and inspections carried out are shown in Table.

Food Complaints

A total of 148 complaints were received. The majority were dealt with informally but two were submitted to the Law Officers for formal action, resulting in the companies concerned being prosecuted and fined £50 in each case.

Foodstuffs voluntarily surrendered during 1986 included

Fruit and vegetables	52.5 tons	Fish	1.8 tons
Meat - fresh/frozen	7 tons		
- products	1,150 lbs.	Frozen Foods	25,225 pkts
- tinned	1.5 tons		
		Miscellaneous	56,616 pkts/tins
Cheese and fats	5.5 tons		

Food-Poisoning

A total of 36 episodes of suspected food poisoning were investigated by environmental health officers, involving a total of 748 visits.

Investigations confirmed that 160 persons had contracted food poisoning.

A major outbreak occurred in September, involving a retail confectionery premises, when 123 persons were infected with *Salmonella typhimurium*: details of this incident are reported in the Infectious Diseases section of this report.

Details of food poisoning investigations during the year are shown in Table.

FOOD POISONING: 1982 - 1986: Number of Episodes (Suspected and Proven Cases)

Table : 6:1

CAUSAL ORGANISM	1982	1983	1984	1985	1986
Salmonella sp.	18	14	18	29	30
Campylobacter	*	1	16	11	6
Organism not identified	23	5	12	15	Nil
Other	*	*	*	2	Nil
Total No. of episodes	41	20	46	57	36
No. of food premises involved	19	7	1	11	2
No. of persons positive	23	29	34	100	160

* the gaps in the table are due to changes in methods of recording.

Table : 6:2

Food and Water Sampling

Samples submitted for examination:

Bacteriological

Food	2
Milk	2
Water	186

Total	190
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Chemical

Food	7
Milk	4
Water	21

Total	32
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GENERAL SECTION

A total of 1594 complaints/requests were dealt with during the year.

Details of the 4530 visits and inspections carried out in this section are shown in Table.

Rodent Control

1437 complaints or requests for treatment were received during the year and an additional 1702 follow up treatments were carried out by Rodent Control staff.

Atmospheric Pollution

Following media reports of alleged atmospheric pollution from the Vale Power Station, a sulphur dioxide monitoring survey was set up in July and continued up to the end of October.

The results of the survey indicated that the general levels of sulphur dioxide in the area were significantly lower than those found during the 1981 survey, although adverse weather conditions could give rise to specific problems on occasions.

Examination of the 1981 and 1986 figures with respect to the control monitoring point showed no material change in sulphur dioxide levels: in each case levels being well below the United Kingdom and E.E.C. maximum recommended limits. These figures are substantially lower than figures obtained during 1980, when initial pollution problems from the Power Station were investigated. This indicated that the reduction in overall levels in the power station area were due, in the main, to improvement works carried out by the States Electricity Board, namely the construction of the new chimneys following the 1980 survey.

A further outcome of the latest survey was that, with the help and co-operation of the States Electricity Board, permanent sulphur dioxide and smoke monitoring stations have been set up, in order to provide a speedy means of investigating any future problems.

In August an Abatement of Nuisance Order was served on a scrap metal dealer for allegedly causing a nuisance by the burning of motor vehicles without proper combustion control, giving rise to noxious fumes and black smoke. An appeal was lodged against the issue of the Order and the matter was subsequently brought before the Courts. Although evidence was given by an environmental health officer regarding the highly poisonous and dangerous gases given off during the burning of vehicles, the Abatement of Nuisance Order was over-ruled by the jurats and the appeal was allowed.

In September another scrap metal dealer was prosecuted and fined £100 for infringing an Abatement of Nuisance Order (issued in 1985) which prohibited him from burning vehicles.

Closing Orders

During 1986, for the first time in a number of years, the Department prosecuted a landlord for allowing a premises to be let for human habitation despite the fact that a Closing Notice had been issued in 1983. The situation came to light following a complaint from a family about their housing conditions. They were unaware of the existence of the Closing Notice. The family was subsequently rehoused. The landlord had carried out a number of superficial repairs, but the main defects still remained. The court case resulted in the landlord being found guilty, but no order was made against him. The landlord carried out further repairs and the Closing Notice was revoked later in 1986.

Table: 6:3

STATISTICAL SUMMARY OF GENERAL INSPECTIONS AND VISITS

	1985	1986
Housing (Inspections).....	884	556
Housing (Multiple Occupation).....	-	1
Housing (Overcrowding)	1	1
Closing Orders issued	6	1
Closing Orders revoked	-	8
Hotel Staff Accommodation	2	3
Nursing/Residential Homes	36	40
Hospitals	3	3
Hairdressers	2	7
Workplaces	23	5
Schools	-	4
Ships	-	1
Camp Sites	10	1
Beaches	4	1
Public Conveniences	15	5
Cemeteries/Crematorium	-	8
Swimming Pools	29	34
Atmospheric Nuisances	105	177
Atmospheric Observations	465	364
Air pollution monitoring	-	346
Noise Nuisances	49	63
Noise Observations	146	172
Refuse Accumulations	309	261
Controlled Tips	5	8
Verminous Premises	76	76
Disinfestations	-	8
Rodent Control	138	127
Fumigations	3	4
Non Public Health Pests	27	21
Water Supplies - Mains	81	37
Water Supplies - private	62	129
Water Samples	142	207
Streams etc.	23	53
Drainage	539	537
Cesspits	93	71
Septic Tanks	1	3
Sewers	-	9
Drain Tests	15	4
Farms	5	8
Piggeries	-	40
Infectious Disease - Investigations	3	-
Infectious Disease - Other Visits	11	4
Health and Safety	10	5
Pharmacy and Poisons	-	27
Lectures (Health Education)	1	2
Plans Inspected	16	18
Visits with other Departments	9	13
Non Classified Visits	946	839
Asbestos	382	185
Playgroups	10	11
Feral cats and dogs	14	9
Radiation	-	13
Total	4701	4530

Visits to Alderney, Herm and Sark are included in the FOOD CONTROL SECTION

Table : 6:4

FOOD CONTROL: CLASSIFIED INSPECTIONS AND VISITS

	1985	1986
Hotels/Guest Houses	107	106
Self-Catering	4	2
Restaurants/Cafes/etc.	108	112
Take-Away Food Premises	21	24
Canteens	1	1
School Catering	2	-
Hospital Catering	25	10
Outside Catering	4	4
Conference Catering	13	4
Bakeries	37	37
Confectioners (Bakery)	-	14
Public Houses	3	18
Grocers	40	105
Greengrocers	-	1
Greengrocers (Wholesale)	2	-
Confectioners (Ice Cream/Sweets, etc.)....	-	8
Butchers (Retail)	34	47
Butchers (Wholesale)	30	19
Fishmongers (Retail)	12	11
Fishmongers (Wholesale)	16	4
Fish and Chip Shops	17	7
Mobile Food Vehicles	51	49
Packing Stations	-	1
Wholesale/Storage Depots	12	16
Kiosks (Beach etc.)	12	17
Food Factories	9	9
States Markets	15	4
States Slaughterhouse	3	7
States Dairy	216	293
Milk Depots/Retailers	16	17
Milk Hygiene Investigations/Dairy Farms ..	382	540
Registrations (Food and Drugs)	-	63
Examination of Food	226	265
Food Surrender	317	359
Food Destruction (Supv)	276	286
Food Consumer Complaints	131	148
Food Complaint Visits	426	299
Susp. Food Poisoning Investigations	57	138
Susp. Food Poisoning Visits	1002	748
Port Health - Docks	161	89
Port Health - Airport	5	4
Plans Inspected (Food Premises)	35	26
Visits with Other Departments	9	11
Lectures (Food Hygiene)	42	32
Alderney - Visits	22	12
Herm - Visits	8	7
Sark - Visits	10	8
Non Classified Visits	515	547
Total	4434	4529

Table : 6:5

CERTAIN STATISTICS RELATING TO HOUSING

Year	Priority Families	Eviction Cases	15 + Points	1 - 14 Points	Dwellings Constructed	Families Housed	Dwellings in Course of Construction
1968	5	27	25	361	29	53	83
1969	7	23	10	335	59	109	297
1970	8	25	4	374	73	100	244
1971	4	10	1	303	183	194	61
1972	2	8	1	268	65	154	-
1973	1	8	-	268	-	74	-
1974	5	20	3	242	-	54	29
1975	2	18	-	272	36	51	103
1976	1	13	1	277	64	84	58
1977	2	11	-	260	46	104	-
1978	-	14	-	253	14	84	-
1979	2	24	-	282	-	78	65
1980	1	27	-	320	35	80	30
1981	3	30	3	223	-	79	7
1982	3	41	2	227	-	83	31
1983	6	19	-	179	10	82	-
1984	5	26	33	281	9	73	-
1985	5	29	86*	142	5	60	-
1986	10	32	62	213	5	74	-

I am indebted to the Secretary, States Housing Authority for the above data.

* Points system reviewed: additional points awarded for certain categories; higher pointing defined as 15 points or over. This table showing an increase in priority families, and evicted families, together with a sustained, considerable waiting list, proportionately fewer families rehoused and a low rate of new building, has serious implications for the health of this sector of the community. Unsatisfactory housing is a prime cause of the widening health gap which is currently of great concern to Health Authorities on the mainland.

ALDERNEY - ANNUAL REPORT

Dr. D.A.S. Robertson, Assistant Medical Officer of Health in Alderney, has submitted the following report:

ANNUAL REPORT OF THE ASSISTANT MEDICAL OFFICER OF HEALTH
ALDERNEY FOR 1986

There were 20 births during 1986 compared with 29 in 1985 and 18 in 1984 and 19 in 1983. There were no still births and no maternal deaths. Seventeen babies were born in Guernsey and three in Alderney. There was a total of 11 male and 9 female babies born.

There was a total of 42 deaths in 1986 compared with 44 in 1985, 43 in 1984 and 22 in 1983. Five died in Guernsey.

There were 16 marriages in 1986 compared with 14 in 1985 and 13 in 1984.

Infectious Disease Notifications:

Infectious jaundice	1
Salmonella	3

There have been no diagnosed cases of AIDS in the island.

St. Anne's School Report:

A total of 45 medical examinations were carried out. One child was referred to their own doctor with hearing problems, one direct to the orthoptist and two with truancy problems which were resolved after discussion with parents.

In all 29 Tine Tests for TB were carried out which were negative. A total of 16 B.C.G. vaccinations were performed.

Of the 11 school leavers, 10 attended for examination and received booster doses of Tetanus and Poliomyelitis immunisation. The absentee had already left and although offered an appointment did not attend.

Eight Rubella immunisations were carried out by the school nurse and two girls were immunised by their own doctor. 100% Rubella immunisation for this cohort was again achieved.

Mr. P. Cranford Smith carried out termly dental inspections. Mrs. Goldstein, the orthoptist, visited each term for screening and special testing. Miss Richmond the speech therapist made one visit in November 1986.

Twenty-one school accidents were referred to their own doctor for treatment. The school nurse made three visits to check for head lice.

Child Health Clinic:

We regret that Mrs. Jane Aireton was forced to retire from her combined post as Health Visitor and Community Nurse due to ill health. We are grateful for the work she performed prior to retirement. On her retirement the problem of a health visitor was approached by regular fortnightly visits by one of the Guernsey health visitors, Mrs. Anne Lomax, on Thursday afternoons. On the weeks that she was not able to visit, the clinic continued to be held so that the babies could be weighed and measured by Mrs. N. Quanten who noted the relevant figures in the child's co-operation card which is carried by the mother. The continuation of the weekly clinic has been valuable as a self-support group for the mothers with babies and toddlers.

An informal arrangement has evolved whereby the family doctors attend the Mignot Memorial Hospital on each Thursday afternoon when the ante-natal clinic is also held so that they are available to undertake the immunisations for infants, do the routine developmental checks and be available for problems presented by Health Visitor, midwives and the parents of the children. This has resulted in a healthy degree of liaison between the family doctors and the other members of the health team including the mothers.

I look forward to the time when the combined measles, german measles and mumps inoculations have been approved by the D.H.S.S. trials as this will be a valuable preventive measure reducing the incidence of rubella in the population as a whole and being the first U.K. measures against mumps, which can be a serious illness both in the adult and the child.

Mrs. Jane Aireton's place as Community Nurse was taken by Chris Gorman who was accepted by all the domiciliary patients whose confidence and trust he quickly gained despite being the first male community nurse in Alderney.

The recorded figures for immunisations for 1986 are as follows:

Trivax and Polio	46
Diph/Tet and Polio	8
Measles	12

Environmental Health:

The improvement in the transport and distribution of chilled and frozen food from Guernsey and Torbay has continued to improve thanks to the efforts of the Environmental Health Officer from Guernsey.

Six consignments of food were inspected and declared unfit for human consumption during the year.

The filter beds at Longy Bay continue to give trouble and the stream flowing into Longy Bay by the Nunnery remains polluted. Unless some improvement can be made in the pollution it will be necessary to put up notices warning the public that the Nunnery end of Longy Bay is polluted. The Tourism brochure of 1985 showed a pretty picture of a little girl paddling in the water near the discharge point of this constantly polluted stream.

There has been improvement in rat control around the Impot refuse tip but the continued use of plastic bags for edible rubbish ensures a widespread food supply for the island rats. The use of rigid containers with tight fitting lids is strongly recommended.

Care for the Elderly: the Ten Year Rule

The problem arising from the ignorance of people settling in the island and not being aware of the "Ten Year Rule" has become apparent. The Ten Year Rule excludes anyone who has not been resident in the island for at least ten years from being admitted either to the Jubilee Home/Sydney Herivel House or to the geriatric wing of the Mignot Memorial Hospital, even though they or their relative have the means to pay for this. It arose because of the abuse of these services by settlers who 'dumped' aged relatives on these States services soon after arrival and in some cases departed from the island with the care of the aged relative left in the hands of the States of Alderney. This reduced the services available for islanders and long term settlers.

The Estate Agents have been notified by the Health and Welfare Committee to ensure that prospective settlers are aware of this major lack of long term health care facilities in the island should they or their relatives require long term geriatric nursing. Their only alternative is to transfer the infirm person to a nursing home outside the island or to be prepared for full time nursing themselves, which is often an impossible task.

It is essential that a greater effort must be made through all channels that these new residents do not move into the island without being aware of this major problem should they or their relatives require long term nursing care.

Yours faithfully,

Struan Robertson

STRUAN ROBERTSON
Assistant Medical Officer of Health

ANALYSIS OF MORTALITY STATISTICS 1986

The accompanying tables give details of all deaths in Guernsey during 1986.

The average age at death was 71.6 for men and 76.9 for women - a difference of 5 years.

One in every five deaths occurred before retirement age and could be termed prematurely early.

The major causes of death remain	Heart attack and strokes	45%
	Cancer	26%
	Chest disease	11%

The major causes of cancer deaths differ between the sexes:

<u>Men</u>		<u>Women</u>	
Lung	35%	Breast	19%
Bowel	13%	Uterus	16%
Prostate	6%	Lung	13%
All other sites	46%	Ovary	10%
		All other sites	42%

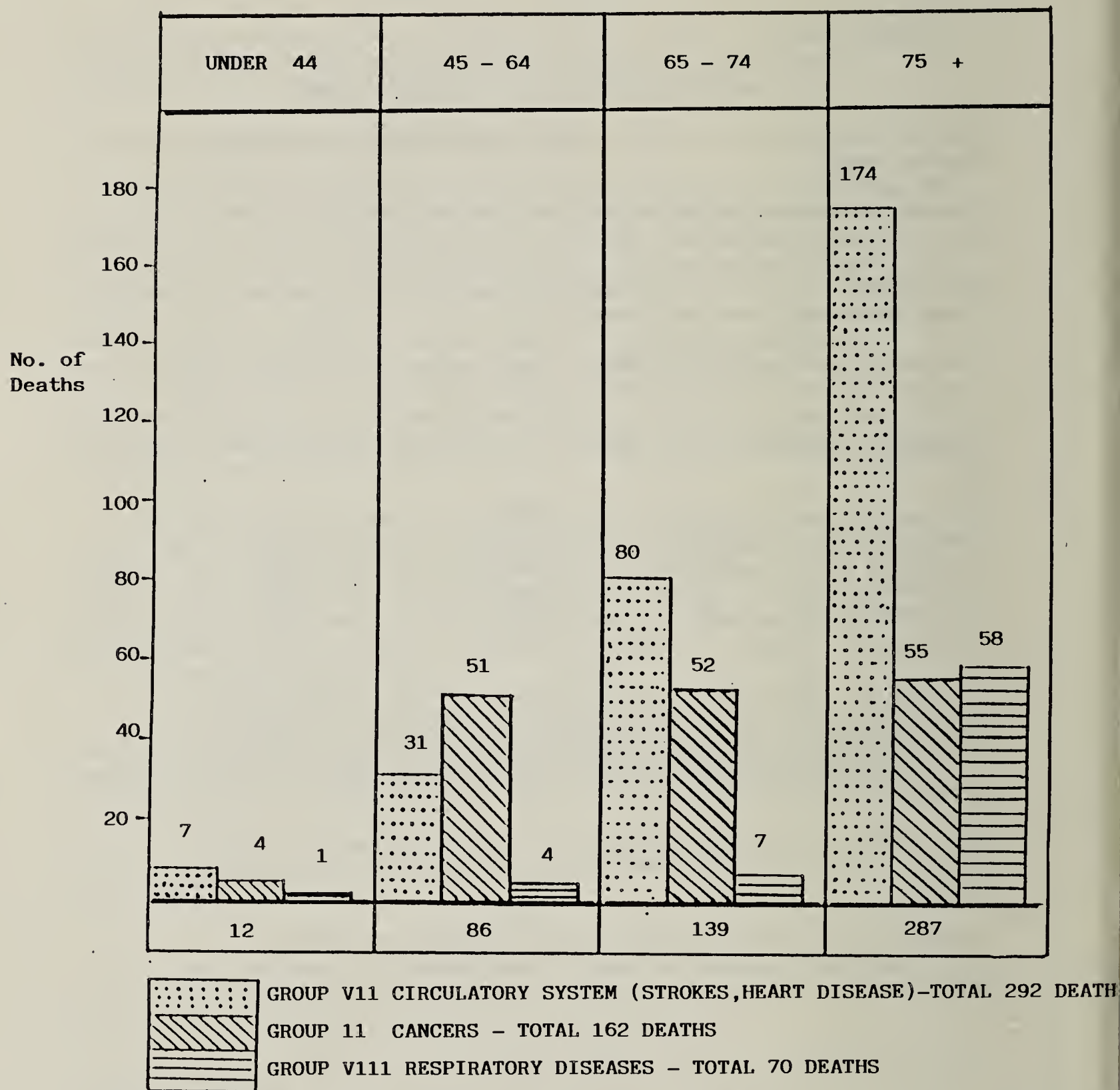
A third of cancer deaths (51) occurred in the 45-64 age group. In women, deaths from cancer of the breast dropped from 24% to 19%. Tumours of the lung continue to be the largest cause of cancer deaths in Guernsey, (25% of all cancer deaths) and are the largest preventable group.

The steady increase over the past 20 years of deaths due to all forms of cancer is attributed to the increasing longevity of the population.

Cremations were carried out in just under half the deaths. There has been a steady increase in this proportion over the past 15 years.

Table: 8:1 PRINCIPAL CAUSES OF PREMATURE DEATH IN GUERNSEY

BY AGE



OF THE YEAR'S TOTAL OF 614 DEATHS, 524 (85%) WERE IN THESE THREE GROUPS OF CAUSES. COMPARED WITH 1985, THERE WERE 15 MORE CANCER DEATHS BEFORE RETIRING AGE - AN INCREASE OF 37%. DEATHS DUE TO CIRCULATORY PROBLEMS REMAINED AT A STEADY, HIGH FIGURE IN THIS AGE GROUP.

Table : 8:2 DEATHS - CLASSIFIED BY CAUSE AND SEX, 1984 - 1986

GROUP	1984			1985			1986		
	M	F	Total	M	F	Total	M	F	Total
I Infectious and Parasites:	-	1	1	2	1	3	3	4	7
II Cancer and new Growths:	86	59	145	97	71	168	85	77	162
III Endocrine, Metabolic and Immune Diseases:	1	2	3	-	1	1	1	-	1
IV Anaemias:	-	-	-	1	-	1	2	-	2
V Mental Disorders:	1	-	1	3	3	6	-	1	1
VI Nervous and Sensory Disorders:	2	7	9	7	2	9	2	4	6
VII Heart and Circulatory Diseases:	124	133	257	140	127	267	142	150	292
VIII Respiratory Diseases:	38	52	90	43	40	83	31	39	70
IX Digestive System Diseases:	16	10	26	13	9	22	8	11	19
X Genitourinary Diseases:	2	7	9	12	1	13	7	9	16
XI Complications of Childbearing:	-	-	-	-	-	-	-	-	-
XII Skin Conditions:	-	-	-	-	1	1	-	-	-
XIII Diseases of Bone, Muscles and Joints:	-	1	1	-	-	-	-	2	2
XIV Congenital Anomalies:	-	1	1	-	-	-	1	1	2
XV Diseases of Foetus and Newborn:	3	1	4	3	-	3	-	-	-
XVI Ill-defined Conditions:	4	10	14	2	10	12	2	5	7
XVII Accident, Injury and Poisoning:	13	7	20	8	11	19	15	12	27
Totals:	290	291	581	331	277	608	299	315	614

Table: 8:3 CAUSE OF DEATH	TOTAL All ages		AGE UNDER 1		AGE 15 - 24		AGE 25 - 44		AGE 45 - 64		AGE 65 - 74		AGE 75 +	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F
GROUP 1 <u>Infectious and Parasitic Diseases</u>	3	4	-	-	-	-	-	-	-	1	1	1	2	2
GROUP 11 <u>Neoplasms</u>	85	77	-	-	1	-	2	1	23	28	33	19	26	29
GROUP 111 <u>Endocrine, Nutritional & Metabolic Diseases & Immunity Disorders</u>	1	-	-	-	-	-	-	-	-	-	1	-	-	-
GROUP 1V <u>Diseases of the Blood and Blood- Forming Organs</u>	2	-	-	-	-	-	-	-	-	-	1	-	1	-
GROUP V <u>Mental Disorders</u>	-	1	-	-	-	-	-	-	-	-	-	-	-	1
GROUP VI <u>Diseases of the Nervous System and Sense Organs</u>	2	4	-	-	-	1	-	-	2	-	-	1	-	2
GROUP VII <u>Diseases of the Circulatory System</u>	142	150	-	-	-	1	3	3	19	12	55	25	65	109
GROUP VIII <u>Diseases of the Respiratory System</u>	31	39	-	-	-	-	-	1	3	1	6	1	22	36
Carried forward:	266	275	-	-	1	2	5	5	47	42	97	47	116	179

Table: 8:3 contd CAUSE OF DEATH	TOTAL All ages M F		TOTAL all ages	AGE UNDER 1 M F	AGE 15 - 24 M F		AGE 25 - 44 M F		AGE 45 - 64 M F		AGE 65 - 74 M F		AGE 75 + M F
Brought forward:	266	275	541	-	1	2	5	5	47	42	97	47	116 179
GROUP IX <u>Diseases of the Digestive System</u>	8	11	19	-	-	-	-	1	2	-	4	2	2 8
GROUP X <u>Diseases of the Genitourinary System</u>	7	9	16	-	-	-	-	-	-	-	-	1	7 8
GROUP XII <u>Diseases of the Musculoskeletal System and Connective Tissue</u>	-	2	2	-	-	-	-	-	-	-	-	1	- 1
GROUP XIV <u>Congenital Anomalies</u>	1	1	2	1	-	1	-	-	-	-	-	-	- -
GROUP XVI <u>Symptoms, Signs and Ill-defined Conditions</u>	2	5	7	-	-	-	-	-	-	-	-	-	2 5
GROUP XVII <u>Injury and Poisoning</u>	15	12	27	-	3	-	6	2	2	3	1	2	3 5
Totals:	299	315	614	1	4	3	11	8	51	45	102	53	130 206

Table : 8:4
GROUP V11 - DISEASES OF THE CIRCULATORY SYSTEM
DEATHS FROM HYPERTENSION, "CORONARIES" AND "STROKES" 1981 - 1986

I.C.D. Codes	Cause of Death	1981 M F	1982 M F	1983 M F	1984 M F	1985 M F	Average 81 - 85 M F	1986 M F
400 - 404	Hypertensive heart disease ("Blood Pressure")	11 6	12 5	9 10	2 7	5 6	8 7	8 6
410 - 414	Ischaemic heart disease ("Coronaries")	86 53	65 51	75 63	78 50	75 59	76 55	79 77
430 - 438	Cerebrovascular disease ("Strokes")	27 43	23 48	25 44	15 40	27 36	23 42	26 35
ALL GROUP V11 CODES		157 138	137 148	141 154	124 133	140 127	140 140	141 149

Table: 8:6 DEATHS DUE TO SOME VIOLENT OR ACCIDENTAL CAUSES - 1981 - 1986

B.Y.L. Codes	CAUSE OF DEATH	1981		1982		1983		1984		1985		1986		I.C.D. Codes
		M	F	M	F	M	F	M	F	M	F	M	F	
E47	Motor vehicle traffic accident	3	-	3	2	3	1	3	1	2	3	3	-	E810 - 819
E48	Accidental poisoning	1	-	2	1	-	2	1	-	-	-	-	-	E850 - 869
E50	Accidental falls	1	-	1	3	2	-	1	4	-	-	4	1	E880 - 885
E52	Accidental drowning and submersion	-	-	-	1	1	-	2	-	-	1	1	-	E910
E54	Suicide and self inflicted injury	3	4	3	4	2	1	3	1	2	3	3	-	E950 - 959
E56	Injury undetermined whether accidentally or purposely inflicted	2	-	-	1	-	-	-	-	1	-	1	-	E980 - 989
Totals:		10	4	9	12	8	4	10	6	5	7	12	1	

GROUP 11 - NEOPLASMS - SOME CANCERS - 1981 - 1986

I.C.D. Codes	Table : 8:7 Cause of Death	1981		1982		1983		1984		1985		Average 81 - 85		1986	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F
150	Malignant neoplasm of oesophagus	4	1	3	2	3	3	1	4	3	3	3	3	2	4
151	Malignant neoplasm of stomach	5	4	10	12	6	7	4	3	7	3	6	6	5	3
152-154	Malignant neoplasm of intestine (including rectum)	9	12	9	10	12	12	12	10	10	6	10	10	11	3
157	Malignant neoplasm of pancreas	4	1	2	4	5	3	5	3	3	2	4	3	2	2
162	Malignant neoplasm of trachea, bronchus and lung	25	8	29	10	27	11	34	10	34	14	30	11	30	10
174	Malignant neoplasm of breast	-	12	-	10	-	11	-	8	-	17	-	12	-	15
180-183	Malignant neoplasm of uterus, cervix and adnexae	-	6	-	4	-	5	-	3	-	5	-	5	-	12
185	Malignant neoplasm of prostate	6	-	5	-	10	-	11	-	11	-	9	-	5	-
204-207	Leukaemia	-	2	1	-	-	2	1	1	2	2	1	1	2	2
TOTALS		78	58	76	67	81	74	86	59	97	71	84	66	58	51
ALL CANCER DEATHS		136		143		155		145		168		150		162	

NOTE: The figures at the foot of each column are not totals of the figures above but the total of all cancer deaths at all ages for the year given.

Table: 8:8

MORTALITY - CANCER (ALL FORMS) 1961 - 1986

Deaths by year and sex, rates per thousand resident population

Year	PERSONS		MALE		FEMALE	
	Deaths	Rate/1,000	Deaths	Rate/1,000	Deaths	Rate/1,000
1961	98	2.23	40	1.89	58	2.54
62	117	2.62	62	2.88	55	2.37
63	100	2.20	60	2.75	40	1.70
64	100	2.17	51	2.30	49	2.05
65	104	1.22	65	2.89	39	1.61
66	127	1.68	72	3.15	55	2.23
67	114	2.37	68	2.94	46	1.84
68	124	2.54	69	2.94	55	2.17
69	121	2.44	63	2.64	58	2.26
1970	91	1.81	59	2.44	32	1.23
71	149	2.93	88	3.59	61	2.31
72	131	2.55	74	2.99	57	2.13
73	129	2.48	65	2.60	64	2.37
74	137	2.61	69	2.72	68	2.50
75	142	2.67	77	3.01	65	2.37
76	139	2.60	70	2.70	69	2.49
77	158	2.91	98	3.74	60	2.14
78	131	2.41	71	2.71	60	2.14
79	129	2.36	65	2.47	64	2.37
1980	147	2.75	72	2.80	75	2.71
81	136	2.55	78	3.03	58	2.10
82	143	2.68	76	2.95	67	2.43
83	155	2.90	81	3.15	74	2.68
84	145	2.7	86	3.34	59	2.14
85	168	3.2	97	3.77	71	2.57
86	162	2.82	85	3.16	77	2.69

Table: 8:9

MORTALITY - CANCER OF TRACHEA, BRONCHUS AND LUNG - 1965 - 1986

Guernsey deaths and rates per million resident population, compared with rates per million published for England and Wales, (England and Wales data from O.P.C.S. Quarterly publication "Population Trends").

(Rate/M = Rate per Million)

	PERSONS			MALE			FEMALE		
	Deaths	Rate/M Guernsey	Rate/M E & W	Deaths	Rate/M Guernsey	Rate/M E & W	Deaths	Rate/M Guernsey	Rate/M E & W
1965	22	470	563	22	978	958	0	-	168
66	29	611	573	20	876	969	9	365	178
67	26	540	596	24	1,036	1,003	2	80	189
68	21	430	606	18	766	1,015	3	118	198
69	23	464	622	20	839	1,043	3	117	202
70	20	398	631	18	745	1,049	2	77	214
71	39	766	637	36	1,470	1,052	3	114	222
72	37	719	642	31	1,252	1,074	6	225	233
73	32	615	651	26	1,038	1,082	6	223	242
74	30	571	668	22	869	1,099	8	294	260
1975	32	603	665	25	976	1,084	7	255	267
76	28	522	678	22	849	1,103	6	216	274
77	40	737	687	34	1,297	1,109	6	214	287
78	34	626	695	28	1,067	1,112	6	214	299
79	37	678	702	30	1,138	1,113	7	248	312
80	30	562	709	19	738	1,109	11	398	330
81	33	619	700	25	973	1,088	8	290	331
82	39	732	702	29	1,128	1,075	10	363	348
83	38	713	716	27	1,050	1,096	11	399	356
84	44	825	708	34	1,322	1,067	10	362	373
1985	48	901	719	34	1,322	1,053	14	508	375
86	40	721	705	30	1,117	1,035	10	349	391
<u>Ten Year Averages</u>									
1965 - 74	28	558	619	24	987	1,034	4	161	211
1975 - 84	35	661	696	27	1,054	1,096	8	296	318
% Increase		+18%	+12%		+7%	+6%		+84%	+51%

Table: 8:10

MORTALITY - CANCER OF BREAST - GUERNSEY WOMEN 1976 - 1986

by age groupings, with rates and mainland comparisons.

Year	under 40	40 - 59	60 and over	Total	Rate per 100,000	
					Guernsey	England & Wales
1976	-	4	5	9	32.6	46.4
1977	-	5	7	12	42.8	46.6
1978	-	1	9	10	35.6	47.0
1979	1	2	6	9	31.9	47.6
1980	-	1	12	13	47.0	47.8
1981	2	3	7	12	43.4	49.1
1982	1	3	6	10	36.3	48.7
1983	-	2	9	11	39.9	49.7
1984	-	3	5	8	29.0	51.9
1985	-	2	15	17	61.6	52.8
1986	1	5	9	15	52.7	54.6 *

Note: * England & Wales provisional figure

Five year average rates 1982 - 1986

Guernsey 43.9 per 100,000 females

England & Wales 51.6 per 100,000 females

Table : 8:11

I.C.D. CODE NO.	CAUSE OF DEATH	TOTAL		UNDER 1		AGE 15 - 24		AGE 25 - 44		AGE 45 - 64		AGE 65 - 74		AGE 75 +	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F
003 009 011 038 049	<u>GROUP 1</u> <u>Infectious and parasitic diseases</u>														
	Other salmonella infection	-	1	-	-	-	-	-	-	-	-	-	-	-	1
	Ill-defined intestinal infection	-	1	-	-	-	-	-	-	-	-	-	-	-	1
	Pulmonary tuberculosis	1	-	-	-	-	-	-	-	-	1	-	-	-	-
	Septicaemia	1	2	-	-	-	-	-	-	-	1	-	1	-	-
	Other non-arthropod-borne viral diseases of central nervous system	1	-	-	-	-	-	-	-	-	-	-	-	1	-
Totals Group 1		3	4	-	-	-	-	-	-	1	1	1	1	2	2
147 150 151 152 153 154 155 156	<u>GROUP 11</u> <u>Neoplasms</u>														
	Malignant, nasopharynx	1	-	-	-	-	-	-	-	1	-	-	-	-	-
	Malignant, oesophagus	2	4	-	-	-	-	-	-	-	2	-	2	-	-
	Malignant, stomach	6	3	-	-	-	-	-	-	1	1	3	1	2	1
	Malignant, small intestine including duodenum	1	-	-	-	-	-	-	-	1	-	-	-	-	-
	Malignant, colon	5	3	-	-	-	-	-	-	3	2	2	1	-	-
	Malignant, rectum, sigmoid junction	5	-	-	-	-	-	-	-	1	-	4	-	-	-
	Malignant, liver and intrahepatic bile ducts	2	-	-	-	-	-	-	-	1	-	1	-	-	-
	Malignant, gallbladder and extrahepatic bile ducts	-	1	-	-	-	-	-	-	-	-	-	-	-	1
	Carried forward	22	11	-	-	-	-	-	-	8	5	10	4	4	2

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Table : 8:11 contd

I.C.D. CODE NO.	CAUSE OF DEATH	TOTAL		UNDER 1		AGE 15 - 24		AGE 25 - 44		AGE 45 - 64		AGE 65 - 74		AGE 75 +	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F
	Brought forward	22	11	-	-	-	-	-	-	8	5	10	4	4	2
	GROUP 11 Cont'd														
157	Malignant, pancreas	2	2	-	-	-	-	-	-	2	1	-	1	-	-
161	Malignant, larynx	2	-	-	-	-	-	-	-	1	-	-	-	1	-
162	Malignant, trachea, bronchus and lung	30	10	-	-	-	-	-	-	7	2	14	-	9	8
172	Malignant, melanoma of skin	-	2	-	-	-	-	-	-	-	1	-	1	-	-
173	Other malignant neoplasms of skin	1	-	-	-	-	-	-	-	-	-	1	-	-	-
174	Malignant, female breast	-	15	-	-	-	-	-	1	-	8	-	2	-	4
179	Malignant, uterus	-	5	-	-	-	-	-	-	-	-	-	2	-	3
180	Malignant, cervix uteri	-	3	-	-	-	-	-	-	-	-	-	1	-	2
182	Malignant, body of uterus	-	1	-	-	-	-	-	-	-	-	-	1	-	-
183	Malignant, ovary and uterine adnexae	-	8	-	-	-	-	-	-	-	4	-	2	-	2
184	Malignant, other and unspecified female genital organs	-	1	-	-	-	-	-	-	-	-	-	-	-	1
185	Malignant, prostate	5	-	-	-	-	-	-	-	-	-	3	-	2	-
188	Malignant, bladder	7	1	-	-	-	-	-	-	-	-	1	-	6	1
189	Malignant, kidney and other urinary organs	2	-	-	-	-	-	1	-	1	-	-	-	-	-
191	Malignant, brain	2	-	-	-	-	-	-	-	2	-	-	-	-	-
193	Malignant, thyroid gland	-	-	-	-	-	-	-	-	-	-	-	-	-	1
194	Malignant, other endocrine glands and related structures	-	1	-	-	-	-	-	-	-	-	-	-	-	-
199	Malignant, site unspecified	7	11	-	-	-	-	-	-	1	4	3	3	3	4
201	Hodgkin's disease	1	-	-	-	-	-	-	-	1	-	-	-	-	-
202	Other malignant neoplasms of lymphoid tissue	2	2	-	-	1	-	-	-	-	1	-	1	1	-
	Carried forward	83	74	-	-	1	-	1	1	23	26	32	18	26	29

Table : 8:11 contd

I.C.D. CODE NO.	CAUSE OF DEATH	TOTAL		UNDER 1		AGE 15 - 24		AGE 25 - 44		AGE 45 - 64		AGE 65 - 74		AGE 75 +	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F
203 204 205	Brought forward	83	74	-	-	1	-	1	1	23	26	32	18	26	29
	GROUP 11 Cont'd														
	Multiple myeloma and immunoproliferative neoplasms	-	1	-	-	-	-	-	-	-	-	-	1	-	-
	Lymphoid leukaemia	1	1	-	-	-	-	-	-	-	1	1	-	-	-
	Myeloid leukaemia	1	1	-	-	-	-	1	-	-	1	-	-	-	-
Totals: Group 11		85	77	-	-	1	-	2	1	23	28	33	19	26	29
261	GROUP 111														
	Endocrine, Nutritional and Metabolic Diseases and Immunity Disorders														
	Nutritional marasmus	1	-	-	-	-	-	-	-	-	-	1	-	-	-
	Totals: Group 111	1	-	-	-	-	-	-	-	-	-	1	-	-	-
280 284	GROUP 1V														
	Disease of Blood and Blood-forming Organs														
	Iron deficiency anaemias	1	-	-	-	-	-	-	-	-	-	-	-	1	-
	Aplastic anaemia	1	-	-	-	-	-	-	-	-	-	1	-	-	-
	Totals: Group 1V	2	-	-	-	-	-	-	-	-	-	1	-	1	-

Table : 8:11 contd

I.C.D. CODE NO.	CAUSE OF DEATH	TOTAL		UNDER 1		AGE 15 - 24		AGE 25 - 44		AGE 45 - 64		AGE 65 - 74		AGE 75 +	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F
	Brought forward	102	90	-	-	-	-	3	-	17	8	41	18	41	64
	GROUP V11 Cont'd														
425	Cardiomyopathy	2	4	-	-	-	-	-	-	1	3	1	-	-	1
426	Conduction disorders	-	1	-	-	-	-	-	-	-	-	-	-	-	1
427	Cardiac dysrhythmias	1	2	-	-	-	-	-	1	-	-	-	-	1	1
428	Heart failure	5	8	-	-	-	-	-	-	-	-	1	-	4	8
430	Subarachnoid haemorrhage	-	1	-	-	-	-	-	1	-	-	-	-	-	-
431	Intracerebral haemorrhage	4	8	-	-	-	1	-	-	1	-	1	3	2	4
434	Occlusion of cerebral arteries	3	8	-	-	-	-	-	1	-	1	2	1	1	5
436	Acute but ill-defined cerebrovascular disease	12	13	-	-	-	-	-	-	-	-	6	3	6	10
437	Other and ill-defined cerebrovascular disease	5	2	-	-	-	-	-	-	-	-	1	-	4	2
438	Late effects of cerebrovascular disease	2	3	-	-	-	-	-	-	-	-	1	-	1	3
440	Atherosclerosis	2	5	-	-	-	-	-	-	-	-	-	-	2	5
441	Aortic aneurysm	2	3	-	-	-	-	-	-	-	-	1	-	1	3
443	Other peripheral vascular disease	2	-	-	-	-	-	-	-	-	-	-	-	2	-
453	Other venous embolism and thrombosis	-	2	-	-	-	-	-	-	-	-	-	-	-	2
	Totals Group V11	142	150	-	-	-	1	3	3	19	12	55	25	65	109

Guernsey - Deaths by I.C.D. 3-figure codes and age groups - 1986

Table : 8:11 contd

I.C.D. CODE NO.	CAUSE OF DEATH	TOTAL		UNDER 1		AGE 15 - 24		AGE 25 - 44		AGE 45 - 64		AGE 65 - 74		AGE 75 +	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F
GROUP V111															
	<u>Diseases of the Respiratory System</u>														
480	Viral pneumonia	1	-	-	-	-	-	-	-	1	-	-	-	-	-
483	Pneumonia due to other specified organism	1	-	-	-	-	-	-	-	-	-	-	-	1	-
485	Bronchopneumonia, organism unspecified	17	22	-	-	-	-	-	-	1	-	2	-	14	22
486	Pneumonia, organism unspecified	4	9	-	-	-	-	-	-	-	-	1	1	3	8
487	Influenza	-	2	-	-	-	-	-	-	-	-	-	-	-	2
491	Chronic bronchitis	6	4	-	-	-	-	-	-	-	1	2	-	4	3
496	Chronic airways obstruction, not elsewhere classified	2	-	-	-	-	-	-	-	1	-	1	-	-	-
507	Pneumonitis due to solids and liquids	-	1	-	-	-	-	1	-	-	-	-	-	-	-
514	Pulmonary congestion and hypostasis	-	1	-	-	-	-	-	-	-	-	-	-	-	1
	Totals Group V111	31	39	-	-	-	-	1	3	1	6	1	22	36	
GROUP 1X															
	<u>Diseases of the Digestive System</u>														
530	Disease of oesophagus	1	1	-	-	-	-	-	-	1	-	-	-	-	1
531	Gastric ulcer	1	-	-	-	-	-	-	-	-	-	-	1	-	-
532	Duodenal ulcer	-	1	-	-	-	-	-	-	-	-	1	-	-	-
534	Gastrojejunal ulcer	-	1	-	-	-	-	-	-	-	-	-	-	1	-
535	Gastritis and duodenitis	-	1	-	-	-	-	-	-	-	-	-	-	1	-
557	Vascular insufficiency of intestine	-	-	-	-	-	-	-	-	-	-	-	-	-	-
558	Other noninfective gastroenteritis and colitis	1	-	-	-	-	-	-	-	-	-	1	-	-	-
	Carried forward	3	5	-	-	-	-	-	-	1	-	1	1	1	4

Table : 8:11 contd

I.C.D. CODE NO.	CAUSE OF DEATH	TOTAL	UNDER 1	AGE 15 - 24	AGE 25 - 44	AGE 45 - 64	AGE 65 - 74	AGE 75 +
		M F	M F	M F	M F	M F	M F	M F
	Brought forward	3 5	- -	- -	- -	1 -	1 1	1 4
	GROUP IX cont'd							
567	Peritonitis	- 1	- -	- -	- -	- -	- -	- 1
571	Chronic liver disease and cirrhosis	3 3	- -	- -	- 1	- -	- 1	- 1
575	Other disorders of gallbladder	- 1	- -	- -	- -	- -	- -	- 1
577	Diseases of pancreas	1 -	- -	- -	- -	- -	- -	- 1
578	Gastrointestinal haemorrhage	1 1	- -	- -	- -	- -	- 1	- 1
	Totals Group IX	8 11	- -	- -	- 1	2 -	4 2	2 8
	GROUP X							
	Diseases of the Genitourinary System							
585	Chronic renal failure	4 8	- -	- -	- -	- -	- -	4 8
586	Renal failure, unspecified	- 1	- -	- -	- -	- -	- 1	- -
599	Other disorders of urethra and urinary tract	2 -	- -	- -	- -	- -	- -	2 -
600	Hyperplasia of prostate	1 -	- -	- -	- -	- -	- -	1 -
	Totals Group X	7 9	- -	- -	- -	- -	- 1	7 8
	GROUP XI11							
	Diseases of the Musculoskeletal System and Connective Tissue							
710	Diffuse diseases of connective tissue	- 1	- -	- -	- -	- -	- 1	- -
725	Polyarthritis rheumatica	- 1	- -	- -	- -	- -	- -	- 1
	Totals Group XI11	- 2	- -	- -	- -	- -	- 1	- 1

Table : 8:11 contd
Guernsey - Deaths by I.C.D. 3-figure codes and age groups - 1986

I.C.D. CODE NO.	CAUSE OF DEATH	TOTAL M F	UNDER 1		AGE 15 - 24		AGE 25 - 44		AGE 45 - 64		AGE 65 - 74		AGE 75 +	
			M	F	M	F	M	F	M	F	M	F	M	F
742	GROUP XIV <u>Congenital Anomalies</u>													
	Other congenital anomalies of nervous system	1	-	-	-	1	-	-	-	-	-	-	-	-
	Congenital anomalies of urinary tract	1	1	-	-	-	-	-	-	-	-	-	-	-
753	Totals Group XIV	1 1	1	-	-	1	-	-	-	-	-	-	-	-
797	GROUP XVI <u>Symptoms, Signs and Ill-Defined Conditions</u>													
	Senility without mention of psychosis	2 5	-	-	-	-	-	-	-	-	-	-	2	5
	Totals Group XVI	2 5	-	-	-	-	-	-	-	-	-	-	2	5
803 820 821 851 852 854	GROUP XVII <u>Injury and Poisoning</u>													
	Other and unqualified skull fractures	2	-	-	-	-	1	-	1	-	-	-	-	-
	Fracture of neck of femur	-	-	-	-	-	-	-	-	-	-	-	-	2
	Fracture of other and unspecified parts of femur	1 1	-	-	-	-	-	-	-	-	-	-	1	1
	Cerebral laceration and contusion	1	-	-	1	-	-	-	-	-	-	-	-	-
	Subarachnoid, subdural and extradural haemorrhage, following injury	1	-	-	-	-	-	-	1	-	-	-	-	-
	Intracranial injury of other and unspecified nature	1	-	-	-	-	-	-	-	-	-	-	1	-
	Carried forward	6 3	-	-	1	-	1	-	2	-	-	-	2	3

Table : 8:11 contd

I.C.D. CODE NO.	CAUSE OF DEATH	TOTAL		UNDER 1		AGE 15 - 24		AGE 25 - 44		AGE 45 - 64		AGE 65 - 74		AGE 75 +	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F
	Brought forward	6	3	-	-	1	-	1	-	2	-	-	-	2	3
	GROUP XV11 Cont'd														
861	Injury to heart and lung	1	-	-	-	1	-	-	-	-	-	-	-	-	-
867	Injury to pelvic organs	-	1	-	-	-	-	-	-	-	-	-	-	-	1
869	Internal injury to unspecified or ill-defined organs	-	1	-	-	-	-	-	-	-	1	-	-	-	-
873	Other open wound of head	1	-	-	-	-	-	1	-	-	-	-	-	-	-
881	Open wound of elbow, forearm and wrist	-	1	-	-	-	-	-	1	-	-	-	-	-	-
926	Crushing injury of trunk	1	-	-	-	1	-	-	-	-	-	-	-	-	-
934	Foreign body in trachea, bronchus and lung	1	-	-	-	-	-	1	-	-	-	-	-	-	-
969	Poisoning by psychotropic agents	-	1	-	-	-	-	-	1	-	-	-	-	-	-
986	Toxic effect of carbon monoxide	1	-	-	-	-	-	1	-	-	-	-	-	-	-
989	Toxic effect of other substances, chiefly nonmedicinal as to source	1	-	-	-	-	-	1	-	-	-	-	-	-	-
991	Effects of reduced temperature	1	2	-	-	-	-	-	-	-	-	-	1	1	1
994	Effects of other external causes	2	2	-	-	-	-	1	-	-	1	1	1	-	-
996	Complications peculiar to certain specified procedures	-	1	-	-	-	-	-	-	-	1	-	-	-	-
	Totals Group XV11	15	12	-	-	3	-	6	2	2	3	1	2	3	5

Table : 8:12 GUERNSEY - NON-RESIDENT DEATHS - 1986

I.C.D. CODE No.	CAUSE OF DEATH	Total all ages		Total all Ages		AGE 15 - 24		AGE 25 - 44		AGE 45 - 64		AGE 65-74		AGE 75 +	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F
	<u>GROUP 11</u>														
151	Malignant, stomach	1	-			-	-	-	-	-	-	-	-	1	-
157	Malignant, pancreas	-	1			-	-	-	-	1	-	-	-	-	-
174	Malignant, female breast	-	1			-	-	-	-	-	-	-	-	-	1
202	Other malignant neoplasm of lymphoid tissue	1	-			-	-	-	-	-	-	-	-	1	-
	<u>GROUP V11</u>														
410	Acute myocardial infarction	8	7			-	-	-	-	1	-	5	2	2	5
414	Other chronic cardiac ischaemia	2	-			-	-	-	-	-	-	1	-	1	-
415	Acute pulmonary heart disease	-	2			-	-	-	-	-	-	-	1	-	1
427	Cardiac dysrhythmias	-	1			-	-	-	1	-	-	-	-	-	-
428	Heart failure	-	1			-	-	-	-	-	-	-	1	-	-
434	Cerebral arterial occlusion	-	1			-	-	-	-	-	-	-	1	-	-
	<u>GROUP V111</u>														
486	Pneumonia organism unspecified	-	1			-	-	-	-	-	-	-	-	-	1
	<u>GROUP XV1</u>														
797	Senility without mention of psychosis	-	1			-	-	-	-	-	-	-	-	-	1
	<u>GROUP XV11</u>														
804	Multiple fractures involving skull or face with other bones	1	-			1	-	-	-	-	-	-	-	-	-
994	Effects of other external causes	1	-			-	-	-	-	1	-	-	-	-	-
	<u>TOTALS</u>	14	16			1	-	-	1	2	1	6	5	5	9

